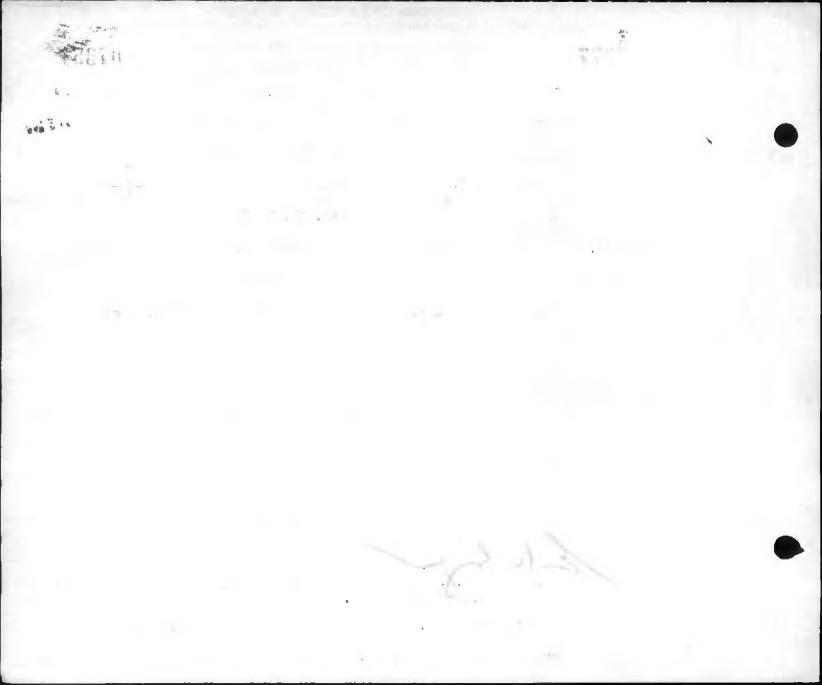
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

073	77	MEDICA	AL EXAMIN	VER'S	CERTIFICATE O	F DEATH	02	354
1. PLACE OF DEATH					2. USUAL RESIDENCE (Where deceased lived, if	institution: Resident	te before odmission)
o. COUNTY	Wicomico		13.4 00	ALA DID.	o. STATE		b. COUNTY	
	(If outside corporate limi		LENGTH OF STAY I	/LAND	Mary			comico
	ind give negrest town)	115,		IN TU	C. CITT OK TOWN (IT OF	itside corparote limits, w	rite KUKAL and give	negrest town)
	Salisbury		years		Sali	sbury		22.1
d. NAME OF HOSP	PITAL OR INSTITUTION (If I	not in hospital, give :	street address)		d. STREET ADDRESS			e. IS RESIDENCE ON A FARM?
DOA	PENINSULA	GENERAL H	OSPITAL		305 Gord	v Road		YES NO
3. NAME OF		irst	Middle		Lost	4. DATE	Month	Doy Year
DECEASED	EDNA	F.		ANT	DREWS	OF	5-15-6	
(Type or print) S. SEX	6. COLOR OR RACE		NEVED MADDIE		B. DATE OF BIRTH	9. AGE (In y		
		7. MARRIED	NEVER MARRIED			loce hirth		Doys Hours Min.
F	W	WIDOWED	DIVORCED		eb. 12, 190		yrs.	
	ON (Give kind of work done	10b. KIND C	F BUSINESS OR		11. BIRTHPLACE (Stote	or foreign country)		IZEN OF WHAT
during most of working	g life, even it refired)	NO.	one		Marion, N	id.	USA	UNTRY?
13. FATHER'S NAME	· · · · · · · · · · · · · · · · · · ·		,		14. MOTHER'S MAIDEN			
Unahaa I	rama'				Mamie Pus	.077		
Hughes I		1 11 500	AL SECURITY NO.	17.5	NFORMANT	sel	Address-	
	VER IN U.S. ARMED FORCES' (If yes give wor or dotes	of service #		1.00		,	Address	
No	None	220-	-01-8656	011	ie F. Andre	w, Same as	2. abcd	
Conditions, if or rise to immedi- stating the unc	ny, which gave) ate couse (a), (E (0) Pulmo E 10 (b) E 10 (c)	nary emb	olus				ONSET AND DEATH MINUTES
PART II. OTHER	SIGNIFICANT CONDITIONS	CONTRIBUTING TO DI	EATH BUT NOT REL	ATED TO T	HE TERMINAL DISEASE COI	NDITION GIVEN IN PART	1(0)	19. WAS AUTOPSY PERFORMED? YES X NO
CAUSE OF DEATH	ONTRIBUTING 🗀	20b. DESCRII	BE HOW INJURY O	CCURRED.	Enter noture of injury in	Part 1 or Part 11 of item	18.)	
Hour o	UURY Month, Doy, Year p.m. 19	While	Y OCCURRED Not While		CE OF INJURY (Home, formary, street, office bldg., etc.)		own) (Cou	inty) (Stote)
21 cert	ify that I took charg	ne of the remain	s described of	nove he	ld on Autonsy [X	Inspection X	Inquiry X,	ond in my opinio
		rol couses 🔀,	Accident		ide, Homicide	The second second	ned monner]
	1 T				CHIEF MEDICAL	EXAMINER		
ACTUAL SIGNATURE	/land	· ~~?			M.D. ASSISTANT MED	ICAL EXAMINER		22. DATE SIGNED
EXAMINED'S NAME (Type)		yer, M.A.	2	37.3	DEPUTY MEDICA	AL EXAMINER X	Ma	ay 16, 1967
230. BURIAL, CREMAT	109 Camden	HVE Ja	lisbury.	Md.		23d. LOCATION (Cit	tr or Town!	(County) (Conty)
Burial (Speci			St. Paul			Marion,		(County) (State)
24. FUNERAL DIRECT		1707	ADDRESS	B 06			25b. REGISTRAR'S SI	GNATURE
		0 .		<i>r</i> 3				
bradsha	w Funeral H	ome, Uris	Held, M	ld.	DATE	Y 9 9 1967	Olleans	Ca Ondas

VR A15ME (5) 6M 1/66

5 may be retained for your files.

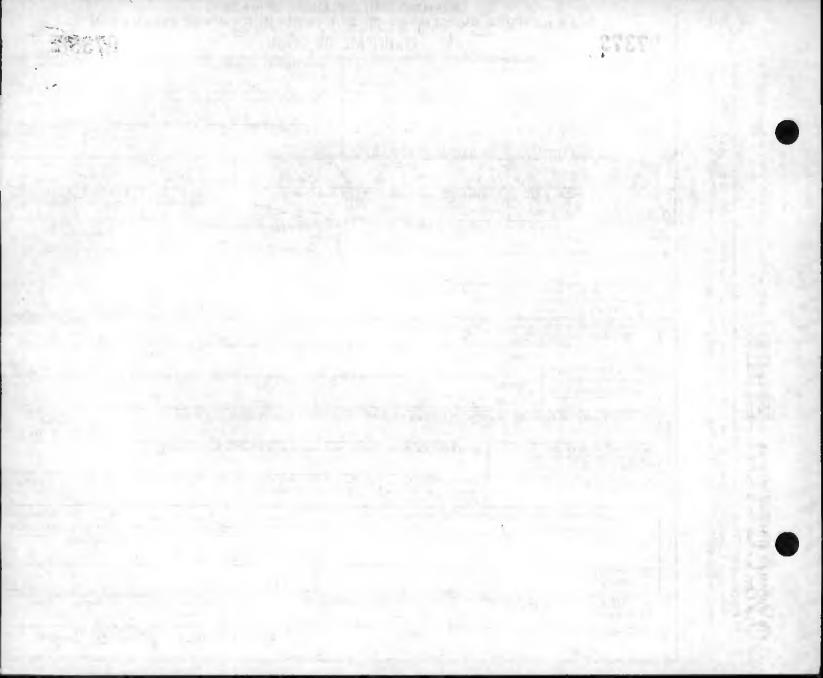


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Division of STATISTICAL RESEARCH AND RECORDS, 301
CERTIFICATE W. PRESTON STREET, BALTIMORE, MARYLAND 21201
OF DEATH 07356

	07373	Trems 7, 0	CERTIFICATE	OF DEATH	KK	07356
	PLACE OF DEATH		2		here deceosed lived, if institution	
	o. COUNTY Wicomico		MARYLAND	o. STATE	ALLAT) b. COUNTY	Willedmich
	b. CITY OR TOWN (If outside corporate lin	nits, c. LEN		CITY OR TOWN (If out	side corporate limits, write RURAL	L'W.L. T. III
	write RURAL and give nearest town) Salisbury		0 14	1-15	1/1-	221
	d. NAME OF HOSPITAL OR INSTITUTION (IF	not in hospital, give stree	et oddress)	I. STREET ADDRESS	3 - 1 1 2	e. IS RESIDENCE
	Peninsula		Hospital			ON A FARM?
3.	NAME OF	First .	Middle	Last	4. DATE Month	Doy Year
	DECEASED (Type or print)	1/2=	M. B	akon.	OF DEATH MOUL	17 1967
S.		Z MARRIED X	IEVER MARRIED 1 8	DATE OF BIRTH	9. AGE (In years)	IF UNDER 1 YEAR I IF UNDER 24 HRS.
n	Vale Negro	WIDOWED	DIVORCED	2 - 5 - 95	last birthdoy)	Months Doys Hours Min.
100	LISUAL OCCUPATION (Give kind of work do				State, or foreign country)	12. CITIZEN OF WHAT
dur	ing most of working life, even if retired)	INDUSTRY	-foot	500	A MI	COUNTRY?
13.	FATHER'S NAME	100		4. MOTHER'S MAIDEN N		-0-
	Phon la	+ 137	1/22	5-71	-7 h	
	WAS DECEASED EVER IN U.S. ARMED FORCE		ECURITY NO. 12 INFO	DRMANT	Address	(, , , ,)
(Ye	es, no, or unknown) (If yes give wor or dote	es of service)	1-1	ane VI	BIKON TU	JEKIZ- Not
	18. CAUSE OF DEATH (Enter only one of	couse per line for (a) (h)	and (c).)	4/2/	La richa II	I INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAU	1/2/-	and the	1101 1	Vegit Real	ONSET AND DEATH
	110	UE TO	the same of the sa	3/1	-	
-	Conditions, if ony, which gove	(b) (Chile	sex 10	~5.7		1 Wolestenil
	rise to immediate couse (a), (stating the underlying couse (UE TO		,		9 /
	lost.	(c)				
_	PART II. OTHER SIGNIFICANT CONDITIONS	S CONTRIBUTING TO DEATH	BUT NOT RELATED TO THE	TERMINAL DISEASE CON	DITION GIVEN IN PART I(0)	19. WAS AUTOPSY PERFORMED?
AT10						YES NO
CERTIFICATION	20o. ACCIDENT WAS UNDERLYING	20b. DESCRIBE I	IOW INJURY OCCURRED. (Ent	ter nature of injury in P	ort I or Port II of item 18.)	
	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)					
MEDICAL	20c. TIME OF INJURY Month, Doy, Year			OF INJURY (Home, form,	20f. (City or town)	(County) (Stote)
MET	Hour a.m.		of While foctory,	street, office bldg., etc.)		10
	21. I certify that (I) (this h	aspital) attended th	e deceased from /	rmay 1	96/, to / / na	z , 19
	saw the deceased alive and		1967, and that d	eath accurred at	M, fram causes ar	nd an the date stated above
	22o. SIGNATURE	11/		ATTENDING	MED. STAFF	22b. DATE SIGNED
	Faller	nella	M.D.	PHYS.	DIRECTOR PHYS.	17 my 671
	22c. PHYSICIAN'S NAME (Type)	ti the	nell	22d. ADDRESS	main 5	T. J.K. hy
230	BURIAL, CREMATION, 23b. DATE	MEREOF / 23c	NAME OF CEMETERY OR CRE	MATORY	23d. LOCATION (City or Town	(County) (Stote)
	REMOVAL (Specify)	21/87 /	Y 35 KIM	(em.	1435/17	21/10
24	FUNERAL DIRECTOR	177	ADDRESS	1 250 RECO	BY REGISTRAP 256. BEGI	STRAR'S SIGNATURE
	() / PR	20ch D	114/1011	DATE	200 1000	00

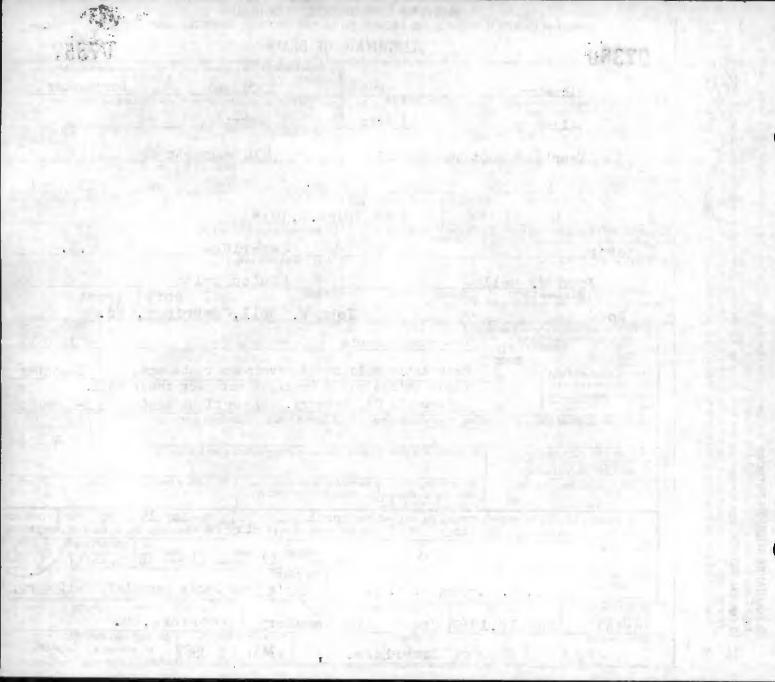
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and cappletely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any evaluation 72 hours after death. 10 HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the haspital ar attending physician.

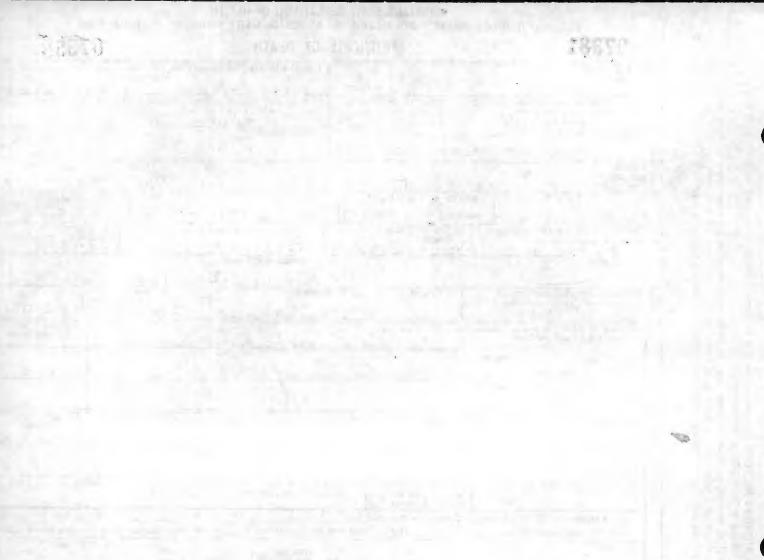


Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

0738	0		CER	TIFICATE	OF	DEATH				0	735	57	
1. PLACE OF DEATH						UAL RESIDENCE (Where de				before	odmissic	in)
a. COUNTY	Lliaomico			MARYLAND	a.	STATE	rvla	nd	b. COUNTY	Dorc	hes	ter	
b. CITY OR TOWN	Wicomico (If outside corporate limit	5.	C LENGTH OF S	and the same of th	c. CIT	OR TOWN (If ou	M	1	rite RITRA!				
write RURAL ar	nd give nearest town)								,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	. viia 3	200	3	
L MANUE OF HOSDI	Salisbury	42 1 4 2 1		days	1 070	REET ADDRESS	mbri	age		6	10	IS RESID	THIE
d. NAME OF HUSPI	TAL OR INSTITUTION (IT no	or in haspital, g	live street agaress	1	a. 511						6.	ON A FA	
	Deer's Hea	d Stat	e Hospit	al		40	1 He	nry Str	eet		YE	ES	NO _
NAME OF DECEASED	Fi	rst	Middle			Lost	4. DAT	TE	Month		Doy	Yeo	ir
(Type ar print)	WILLIA	M	JOHN		BI	CLL	DEA	ATH	5		15	196	7
S. SEX	6. COLOR OR RACE	7. MARRIED	NEVER MAI	RRIED X	B. DATE	OF BIRTH		9. AGE (In y		IF UNDER 1	-	IF UNDER	_
M	TAT .	WIDOWED	DIVO	RCED [ct.	.6,1919		last birth	yrs,		Days	Haurs	Min.
Oa. USUAL OCCUPATIO	N (Give kind of work dane		ND OF BUSINESS (DUSTRY	O'R	11.8	IRTHPLACE (County	& State, a	ır fareign countr	1)		ZEN OF Y	WHAT	
Labore			DOSTRI			Camb	rid	ge			U.S		
3. FATHER'S NAME					14. N	OTHER'S MAIDEN	NAME						
	John W. Be	ell				Loui	.50	Smith					
IS. WAS DECEASED EV	ER IN U.S. ARMED FORCES?	16.	SOCIAL SECURITY N	10. 17. I	NFORM.			01 Her	Address	Stre	et		
(Yes, na, or unknown) No	(If yes give war or dates	of service)		Te	hn	W. Bel					00		
PART I. DE	DEATH (Enter only one cau ATH WAS CAUSED BY: IMMEDIATE CAUSE	(a) Br	(a), (b), and (c).) conchopned tastation		34111 ()	id carei	nome	and what	C 30000		ONSE	DAND D	eath ays
Conditions, if on rise to immedia	te couse (a)										4	mont	ins
stating the und			ght axil			-				- wац			
last,		(c) Ep	idermoid	I CA, p	rim	ary, dor	sum	right h	nand			ye:	
PART II, OTHER S	SIGNIFICANT CONDITIONS C	ONTRIBUTING T	O DEATH BUT NOT	FRELATED TO T	HE TERA	AINAL DISEASE CON	NDITION (GIVEN IN PART	1(0)			VAS AUTO ERFORMI	OPSY ED? NO
OR CONTRIBUTING	AS UNDERLYING G CAUSE OF DEATH Y MEDICAL EXAMINER)	205. DE	scribe how injut	RY OCCURRED.	(Enter n	ature of injury in	Part 1 or	Port II of item	18.)				
Hour o	JURY Month, Day, Year .m. 19	20d. In While at war	Not While of work			JURY (Hame, forn et, affice bldg., etc.)		of. (City or to	ıwn)	(Coun	ity)	(State)
saw the	t ify that (I) (this has deceased alive an		ded the decea	sed fram_A , and that	pri deat	accurred at	967 10:55	, to <u>Maz</u> PM, fram co	r 15 ouses ar	nd on the	e date	stated	we) k
20 SIGNATURI	S. HILUL	una	est	M.C	PH		MED. DIRECTO	R D STAF	F 🔀	22b. DAT 5/15			1
22c. PHYSICIAN NAME (Typ		Winna	cott, M.	. D.		d, ADDRESS Deer's H	ead	State I	Hospi	tal,	Sal	isbu	-
30. BURIAL, CREMAT REMOVAL (Specifi Burial			23c. NAME OF Green					LOCATION (Citembrid)			County)	(5	tote)
24. EUNERAL DIRECT	OR 10 01		ADDRESS Cambr			DATMA				STRAR'S SIG			<u>.</u>

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and camiletely filled in by the facetral director, page 3 should be detached for use as the burial-transit permit. Then please ren avercarban papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, crematian, or remayal, and infan, even, within 72 hours after death. **10 HOSPITAL OR ATTENDING PHYSICIAN:** The law requires that the death certificate be executed within 24 haurs after death Page 4 may be retained by the hospital ar attending physician.





Section 2, section to

FOR HEALT TO DEPUTY MEDICAL EXAMINER: This cert ficate shauld be executed within 24 hours after death. If any delay is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 shauld be farwarded to the Chef Medical Examiner's Office along with farm PM3 Page 5 may be retained far yaur files. TO FUNERAL DIRECTOR: Page 3 shauld be used as a bur al-trans t permit. F le pages 1 and 2 with the State Department of

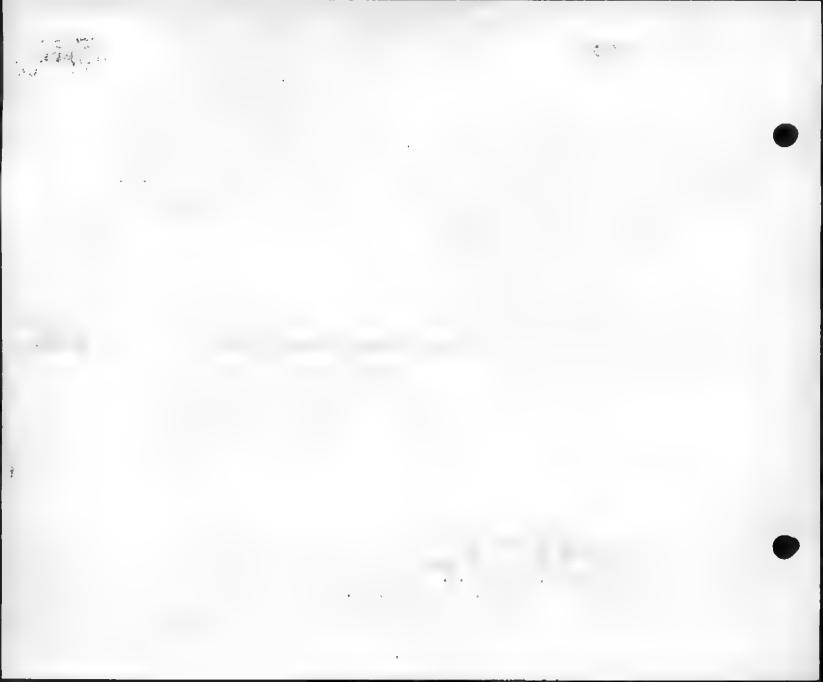
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MARYLAND STATE DEPARTMENT OF HEALTH

Item #9 Film #GRAS CERTIFICATE OF DEATH STREET, BALTIMORE, MARYLAND 21201

07359

TIU mailéi	PLACE OF DEATH	2 USUAL RESIDENCE (Where deceased lived, it institution. Residence before admission)
2 m 20 1	o. COUNTY Wicomico MARYLAND	o STATE Maryland b. COUNTY Worcester
Page ant of	b CITY OR TOWN (f outside corporate mits. C LENGTH OF STAY N 1b	c CITY OR TOWN (E autside corporate imits, write RURAL and give nearest town)
P.M.3 artme	write RURAL and give nearest town) Salisbury	Ocean City
Par		d STREET ADDRESS e IS RESIDENCE
	DOA Peninsula General Hospital	ON A FARM?
	3 NAME OF First Middle DECEASED (Type or print) JOHN BLADES BISH	OP DEATH Month Doy Year OF 5-26-67 19
ong of the state o		DATE OF BIRTH 9 AGE (n years FUNDER) YEAR IF LADER 24 HRS
e alk 2 wi ath.	M W W DOWED DIVORCED	UNE 29 (803 STIGGER Hours Min.
nkii in irem 18 niner's Office a pages land2 v irs after death	100 USUA, OCCUPAT ON (Give kind of work done during gross of working life eyen il retired).	11 BIRTHPLACE (Store or foreign country) 12 CITIZEN OF WHAT COUNTRY?
s l	MATEL WHER STLE EMA	KITTUWAN REEK W. W. USA.
iner iner	13 FATHER'S NAME	14 MOTHER'S MAIDEN NAME
pencii in xaminer's le pages haurs affa	LITTUETON ROBINS BISHOP	ELLA KATE PAKTE
EX 15.	1 10	ORMANT Address
pending in pencil in ef Med cal Examiner's is t permit. F le pages nt within 72 haurs afte	(Yes, ng, ocunknawn) (If yes give vajor dates af service) 219-01-4971 M	RS J. B. BISHOP OCEAN (ITYMO
ra penaing Ch ef Med ca trans t permi event withın	1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)	- O S WERVASH WEEN
	PART I DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a)	Oschus from
word the Ct r alstro	4201 IMMEDIATE CAUSE (0) DUE TO	1
the ural-	Canditions, if any, which gave (b)	
The d ta	staring the underlying cause DUE TO	
ring the rided ta as a bu and in a	(c)	
	PART IL OTHER SIGN F CANT COND TIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE	TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 9 WAS AUTOPSY PERFORMED?
be farwa be farwa be used remaval,	20g EXTERNAL CAUSE WAS 20b DESCRIBE HOW INJURY OCCURRED (En	YES NO
	20d EXTERNAL CAUSE WAS 20b DESCRIBE HOW INJURY OCCURRED (En	iter nature at injury in Part I ar Part I al item 18.)
cerring hauld to iles. shauld an, or r		
sho sho file 3 st tian		OF INJURY (Hame larm 201 (City or town' (County) (State)
ure the ce tige 4 shat your files Page 3 shu cremation,	Hour a m. 19 While Not While lactory	r, street, affice bldg , etc.)
	21. I certify that I taak charge of the remains described abave, held	an Actapsy , Inspection A, Inquiry A, and in my opinion
se execute in ctar. Page 4 ned far yaur ECTOR: Page burial, crema	death resulted from Natural causes , Accident , Surade	
ase rect vine REC		CHIEF MEDICAL EXAMINER
Ple Preference Prefere		M.D. ASSISTANT MEDICAL EXAMINER
essary, pl funeral a ay be re JNERAL I Ith priar	EXAMPLER'S Earl L. Royer, M.P.	DEPUTY MEDICAL EXAMINER (X) May 29, 167
necessary, the funera 5 may be 0 FUNERAL Health pric	NAME (Type) 109 Camden Ave., Salisbury, Md.	Address Street city town or county)
the S m C F C M F C M C M C M C M C M C M C M C	230 BUR A' (REMAT ON, 23b DATE THEREOF 23c DAME OF CEMETERY OR CRI	
= 0	1308/17 (5 B0161 [X 18 B R 5 1	DE JOERLIN MOR MO
VR ATSME (5)	24 FUNERAL DIRECTOR ADDRESS	250 REG STRAR S SIGNATURE
6M 1/67	Burbage Funeral Home, Berlin, Md.	DATE JUN 2 1967 of learles Judge

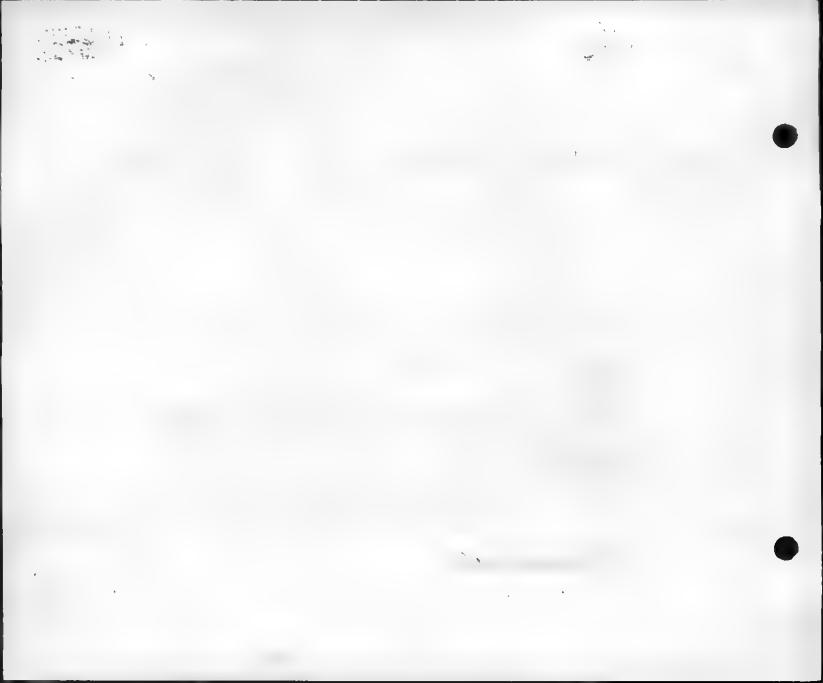


Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 DEATH exercited within 24 hours after death and 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence . PLACE OF DEATH the funerol o. COUNTY. o. STATE MARYLAND b CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn) C. LENGTH OF/STAY IN 16 corporate limits write RURAL and give nearest town) contpletely filled in by the IS RESIDENCE ON A FARM? d. STREET ADDRESS d NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) NO 🔽 Peninsula General Hospital ond in ony event, within DATE 3 NAME OF First DECEASED 19 6 DEATH Type or print AGE (In years IF UNDER I YEAR IF UNDER 24 BRS S. SEX 6. COLOR OR RACE regiove Months MAle DIVORCED WIDOWED 12. CITIZEN OF WHAT IOb. KIND OF BUSINESS OR (County & State, or foreign country) 1Do. USUAL OCCUPATION (Give kind of work done PHYSICIAN: The law requires that the deoth certificate be physician d nen pleose during most of working life, even if retired)... NSURANC 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME burial, crematian, or removol, attending physpermit. Then p WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT INTERVAL BETWEEN CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) signed by the burial-transit p ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Page 4 may be retained by the hospital or attending physician. DUE TO Canditrons, if any, which gave rise ta immediate cause (a). DUE TO stating the underlying cause hos been os the director, page 3 should be detached for use os the should be filed with the State Dept. of Health prior to last. WAS AUTOPSY PERFORMED? PART 11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) NO TO FUNERAL DIRECTOR: After this certificate 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 2Do ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER (Stote) (County) 20a INJURY OCCURRED 20e PLACE OF INJURY (Home, form, (City or town) 2Dc. TIME OF INJURY Month, Doy, Year Hour a.m. foctory, street, affice bldg., etc.) While at work L 21. I certify that (1) (this haspital) attended the deceased from august, 1963, to May 1967 that (1) (we) last 1967, and that death occurred at 15/A M, fram causes and an the date stated above. saw the deceased alive on. 22b. DATE SIGNED 22n. SIGNATURE ATTENDING PHYS. STAFF PHYS. DIRECTOR M.D. 22d. ADDRESS PHYSICIAN'S (AME (Type) NAME OF CEMETERY, OR CREMATORY 23d_LOCATION (City or Town) (County) BUR AL CREMATION 23c REGISTRAR'S SIGNATURE REC'D BY REGISTRAR 2Sb PONERAL DIRECTOR 196

MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death 2. USUAL RESIDENCE (Where deceased fived, if institution, Residence before admission) I. PLACE OF DEATH p. COUNTY b. COUNTY Maryland Worcester Wicomico MARYLAND emave carban papers Pages I b. CITY OR TOWN (If outside corporate limits. c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) Berlin 7 days Salisbury d. STREET ADDRESS IS RESIDENCE ON A FARM? d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) and completely filled in 302 Williams Street YES NO Deer's Head State Hospital 3 NAME OF Middle 4 DATE Month tost Doy DECEASED 24 19 67 WHEALTON BOOTH (Type or print) GEORGE DEATH IF UNDER 1 YEAR LIF UNDER 24 HRS DATE OF BIRTH 9. AGE (In years S. SEX 6 COLOR OR RACE 7 MARRIED **NEVER MARRIED** remave +ost birthdoy) Months Dovs DIVORCED 12 CITIZEN OF WHAT K ND OF BUSINESS OR 10o USUA: OCCUPAT ON (Give kind of work done 10b 11 BIRTHPLACE (County & State, or foreign country) physician c during most of working life_even if retired) INDUSTRY COUNTRY? and TRUCI 13 FATHER'S NAME INCOTE 14. MOTHER'S MAIDEN NAME burial-transit permit Then p burial, crematian, ar remaval, 17. INFORMANT WAS DECEASED EVER IN U.S. ARMED FORCES? INTERVAL BETWEEN CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c)) has been signed by the se as the burial-transit ONSET AND DEATH PART I. DEATH WAS CAUSED BY Cerebral thrombosis IMMEDIATE CAUSE (o) Page 4 may be retained by the haspital ar attending physician. DUE TO Generalized arteriosclerosis Conditions of any, which gove Tears rise to immediate couse (a), DUE TO stating the underlying couse State Dept. af Health priar ta 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) NO X certificate 20a DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port II of item 18.) 200 ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e PLACE OF INJURY (Home, form (City or town) (Stote) 20c. TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED (County) QQ. Hour e.m. foctory, street, office bldg., etc.) Not While May 2/1 . 1967, that (I) (we) last 21. I certify that (I) (this haspital) attended the deceased fram_ May directar, page 3 shauld shaud be filed with the 19 67 and that death accurred at 840 PM, fram causes and an the date stated above. May 2h O FUNERAL DIRECTOR: saw the deceased alive an_ 22b. DATE SIGNED ATTENDING M.D. 22d. ADDRESS PHYS CIAN'S NAME (Type) Deer's Head State Hospital, Salisbury, Mitchel] 23t, NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) BURIAL CREMATION. 23b. DATE THEREOF 3 REMOVAL (Specify) 2So REC'D BY REGISTRAR REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR VR A15 (4) 20 M 1/66



TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hour than death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by-the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbe peops. Pages 1 and 2 should be filled by the prior to burial, cremation, or removal, and in any event, within 72 hours after death.

VR A1S (4) 20M 5-63

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

	97385 Item #7 Film #CERT	IFICA 1	TE OF DEATH		07362
1.	PLACE OF DEATH	1	2. USUAL RESIDENCE	(Where decessed lived, If Ins	titution: Residence before edmission)
		YLAND	a. STATE Maryl	4	
	b. CITY OR TOWN (if outside corporate limits, write RURAL and naive pearest town) SALISBULLY	TAY IN 16	6. CITY OR TOWN (IF 6	utside corporate limits, write R alisbury	URAL and give nearest town)
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospite), give street ed 1328 Glen Ave.	ldress)		8 Glen Ave.	IS RESIDENCE ON A FARM? YES NO
3.	NAME OF First Middle Decceased (Type or print) Agnes Louise		Bowman 4	OF DEATH LEY	Doy Yeer 6, 19 67
T	SEX 6. COLOR OR RACE 7. MARRIED A NEVER MARI	MIED	Nov.7,1902	9. AGE (In years IF	UNDER 1 YEAR IF UNDER 24 HRS. Aonths Days Hours Min.
do	. USUAL OCCUPATION (Give kind of work during most of working life, even if retired)	OR INDUSTRY	Y 11. BIRTHPLACE (County)	& Stele, or foreign country)	USA
13.	FATHER'S NAME	1	14. MOTHER'S MAIDEN NA	ME	
	Frank Fleming			Sparks	
15. Ye	WAS DECEASED EYER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY s, no, or unkown) ((fyesgivewerprdatesofservice)	NO. 17. II	NFORMANT	Address	
	18. CAUSE OF DEATH Enter only one cause per line for (a), (b), end		0 0 /		INTERVAL BETWEEN ONSET AND DEATH
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	1 a	of Colon	- w. th	
	Conditions, if any, which \ (b) Metastases	to	Livee		
	gove rise to immediate cause (a), stating the underlying				
	couse last. (c)				
ATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DE	ATH BUT NO	T RELATED TO THE TERMINAL	L DISEASE CONDITION GIVEN	YES NO
CERTIFICATION	206. ACCIDENT WAS UNDERLYING ACCONTRIBUTING ACCUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	Y OCCURRED	D. (Enter nature of injury in Pa	ort I or Part II of Item 18.)	
MEDICAL	2Dc. TIME OF INJURY Month, Dey, Yeer 2Dd. INJURY OCCURRED While Not While at work at work		CE OF INJURY (Home, term, ory, street, office bldg., etc.)	20f. (City or town)	(County) (Stete)
	21. I certify that (I) (this has it) attended the deceases saw the deceased alive on 15 1967.				, 1967, that (I) (we) last d on the date stated above.
	22e. SIGNATURE, POWLAS C HILL	- \ M.	ATTENDING MEE	STAFF	May 8, 1967
	22c. PHYSICIAN'S NAME (Type)		Pine Bluff	Rood, Salish	org. Md.
23	REMOVAL (Specify) MBG 9 1967 POPL		S PRINGS	POPLOR SO	or Eddnty) OR ITAGS MD
24	FUNERAL DIRECTOR'S SIGNATURE ADDRESS		MAY 1		STRAP'S SIGNATURE
	Moore Funeral Home Jento	on, Md	. RYU, T	1 1001	

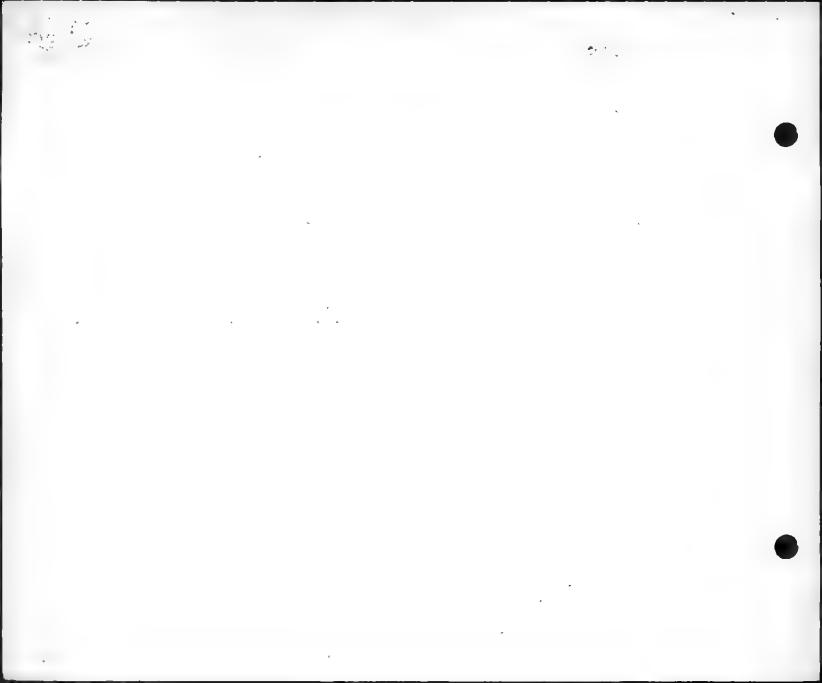


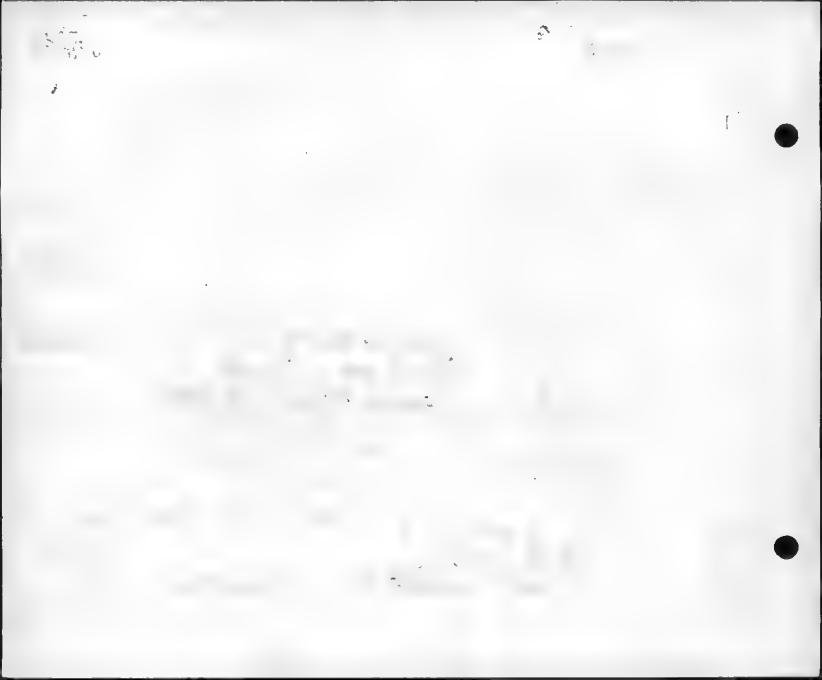
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 07386 MEDICAL EXAMINER'S CERTIFICATE OF DEATH I PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived if institution Residence before admission a. STATE b. COUNTY a. COUNTY 2, and 3 ta PM3. Page Somerset Maryland File pages 1 and 2 with the State Department of Wicomico MARYLAND c (ETY OR TOWN (If auts de carparate limits, write RURAL and give nearest town) c LENGTH OF STAY N Ib b CITY OR TOWN (If autside carparate limits, write RURA and give georest town)
Salisbury Crisfield 21 days d NAME OF HOSPITA, OR INSTITUTION (finat in hospital give street address) ON A FARM? d STREET ADDRESS Lecute the certificate, writing the ward "pending" in pencil in Item 18 Give Pages 1, Page 4 should be farwarded to the Chief Medical Examiner's Office along with farm 1st and Maple Sts. Deer's Head State Hospital YES NO This certificate shauld be executed within 24 haurs after death 3 NAME OF Frst M ddle 4 DATE Manth Last DECEASED MISSOURI R. BRADSHAW 5-4-67 DEATH (Type or print) IF LINDER LYEAR B. DATE OF BIRTH AGE (In years F LINDER 24 HRS S SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED lost birthday) Months Days Dec. 24, 1879 WIDOWED To DIVORCED after death 11 BIRTHPLACE (State or foreign country) 10h KIND OF BUSINESS OR 12 C TIZEN OF WHAT 10a US_AL OCCUPATION (Give kind of work done during most of working te, even fret red)
Housewife COUNTRY? None None Fairmount. Md. 14 MOTHER'S MAIDEN NAME 13 FATHER'S NAME and in any event within 72 haurs Eliza Thomas John T. Tyler 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes no, or unknown) (If yes give war ar dates of service) 17 INFORMANT Address 110 W. 12th Ave. 16 SOCIAL SECURITY NO a burial-transit permit. H. W. Roach, N. Wildwood, N. J. 212-16-7699 IB. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY-Bronchopneumonia IMMED ATE (AUSE (a) _ DUE TO Canditians, if any, which gave rise ta immediate cause (a). DUE TO stoting the underlying cause PART | OTHER SIGN F (ANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN N PART 1(d) 19 WAS AUTOPSY PERFORMED? may be retained for your files FUNERAL DIRECTOR: Page 3 should be used ar remayal, Intertrochanteric fracture of right hip YES [NO X 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of njury in Part I or Part II of tem 18) 20g. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING Fell at own home. CAUSE OF DEATH 20d NJURY OCCURRED 7 20e PLACE OF INJURY (Hame farm 20f (City or town) 20c TIME OF INJURY Month, Day, Year factory, street, affice bldg., etc.) While at wark 4-13-67 Crisfield, Somerset, Md. own home 21. I certify that I took harge of the remains described above, held on Autopsy , Inspection 🔏 Inquiry (X), and in my opinion death resulted from Notural couses Accident A Suicide Homicide Undetermined monner funeral directar CHIEF MEDICAL EXAM NER ACTUAL 22. DATE SIGNED ASSISTANT MED CAL EXAMINER SIGNATURE EXAMINAR'S Earl L. Royer, M.D. DEPUTY MEDICAL EXAM NER May 5, 1967 TO FUNE Heath Address (Street city, town or county) Salisbury, Md., 409 NAME (Type) Ganden Ave. 23d LOCATION (City or Town) (County) 23a BURIAL CREMATION, 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY Buria (Specify) Crisfield, Md. May 8, 1967 Sunnyridge Cemetery 25b REG STRAR S SIGNATURE 2Sa REC D BY REGISTRAR 24 FUNERAL DIRECTOR Milanles Judge VR A15ME (5) Bradshaw Funeral Home, Crisfield, Md.

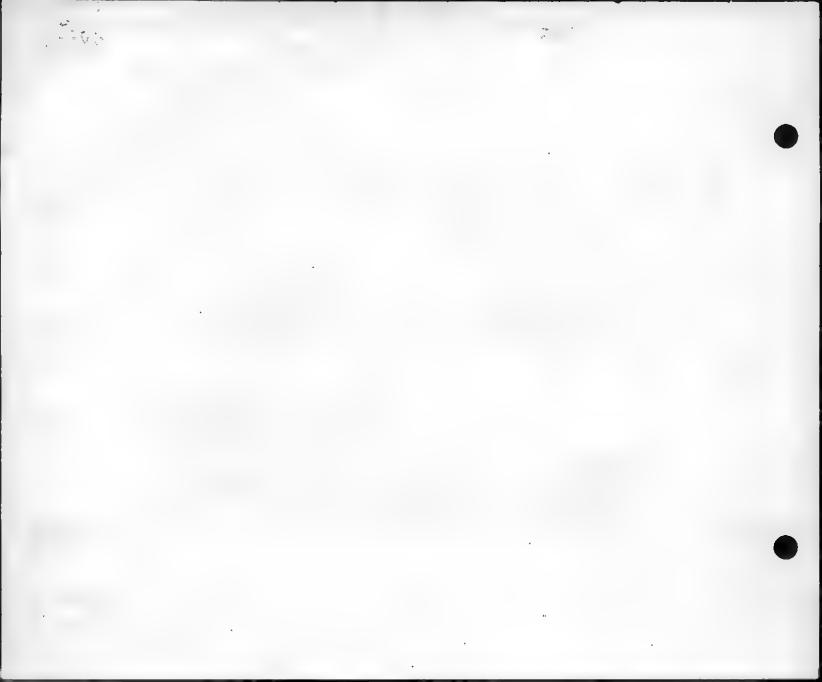


Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201-

FOR STATE		97387 MEDICAL EXAMINER'S	CERTIFICATE OF DEATH	07364
EALTH DEPT.	1	PLACE OF DEATH O COUNTY	2 USUAL RESIDENCE (Where deceased lived, if institution, Resource of STATE b COUNTY	
m PM Per Deportment of	F	Wicomico MARYLAND b (ITY OR TOWN (If outside corporate mits, write RURAL and give neprest town) Salisbury	Maryland C. CITY OR TOWN (If outside corporate imits write RURAL and Pittsville	Wicomico I give negrest town)
2, 2, pport	H	d NAME OF HOSP TAL OR INSTITUT ON (If not in hospital, give street oddress)	d STREET ADDRESS	e IS RESIDENCE ON A FARM?
	П	Peninsula General Hospital	P.O. Box 115	YES NO
Poges Poges with for	3	NAME OF Firs† Middle DECEASED	Lost 4 DATE Month OF	Doy Year
8. Give olong	5	(Type or print) WILLIAM HENRY SEX 6 COLOR OR RACE 7 MARR ED NEVER MARRIED &	BRATTEN II DEATH May 8 DATE OF BIRTH 9 AGE (In years lost birthdoy) Sept.24.1959 7 Yrs 8	3
hours Item 18 Office Office Iond 2 event) i	USUAL OCCUPATION (Give kind of work done ing most of working life, even if retired) 10b KIND OF BUSINESS OR INDUSTRY		2 C TIZEN OF WHAT COUNTRY?
I within 24 in pencil in I Examiner ii I File pages I ond in any	1	School Student FATHER'S NAME	Salisbury, Maryland 14 MOTHER'S MAIDEN NAME	USA
T will be Exar		James William Bratten WAS DECEASED EVER N U.S. ARMED FORCES? ss. no. or unknown) (Tyes give wor or dotes of service) No	Evetyn Powell programmy Ar. James William Bratte	n (Father)
certif cate should be executed writing the word "pending" in prworded to the Chief Medicol used os a burial-transit permit.		18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c) PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (o) DUE TO	est - Cerebral Concusse	INTERVAL BETWEEN
rate st ing the ded to os o bu I, crema		rise to immediate couse (a), stating the underlying couse (b) DUE TO		
bis certifolds of the forword be used to burid	MATHON	PART I OTHER SIGN:FICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0)	19 WAS AUTOPSY PERFORMED? YES NO
Prior	CERTICALTION	PR MARY BOT CONTRIBUTING CAUSE OF DEATH CAUSE OF DEATH	(Enter noture of injury in Port I or Port II of item 18)	
AMIN e the a 4 sh our fill age 3 s	MEDICAL	3: Hour om 5-27 1967 Whe of work of work to	ACE OF INJURY (Home, form, orrow, street office bldg, etc.)	
exector. Property of the formal states of the foreign of the formal states of the formal states of the formal stat		21. I certify that I taak charge of the remains described above, to death resulted fram Natural causes. , Accident , Su	eld an Autapsy 🔲, Inspect an 🔀, Inquiry 🖯 cide 🔲, Homicide 🗐, Undetermined manner	
is 5 a d 2 is		ACTUAL SIGNATURE TELES & Rusling	CHIEF MEDICAL EXAMINER ASS STANT MEDICAL EXAMINER	22. DATE SIGNED
necessory, p the fulleral		EXAMINER'S Dr. Philip A. Insley NAME (Type) 116 E. Main St. Salisbury Burial, CREMATION, 23b DATE THEREOF 23c NAME OF CEMETERY OF	DEPUTY MED CAL EXAMINER Address (Street, city, town, or county)	May 29/19
necesso the function of the fu	2	BURIAL (REMATION, 23b DATE THEREOF 23c NAME OF CEMETERY OR REMOVAL (Specify) Burial May 31,1967 Pittsville		(County) (State)
VR ATSME (5)		FUNERA D RECTOR HOLLOWAY & COMPANY, SALISBURY, N	250 REC'D BY REGISTRAR 256 REG STRAI	R'S SIGNATORE
6M 1766		TODANI & COMMINI, SALISBORI, I	D. DATUUN 1 1967 Och	was Judge



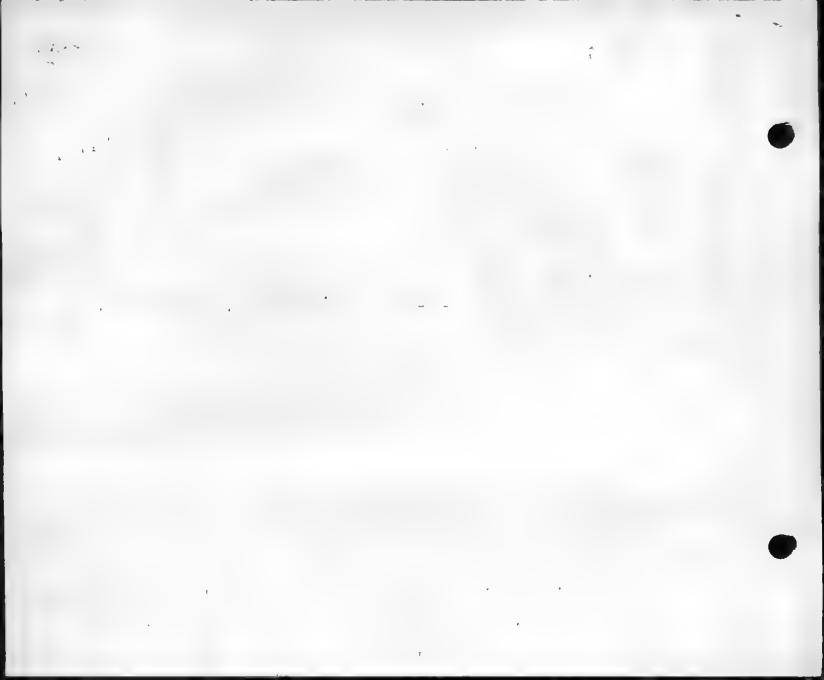




VR A15 (4) 15M 4-64

	MARYLAND STATE DEPARTMENT OF HEA	LTH
DIVISION OF	STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STE	REET, BALTIMORE 1, MARYLAND
07390	STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STA	0736

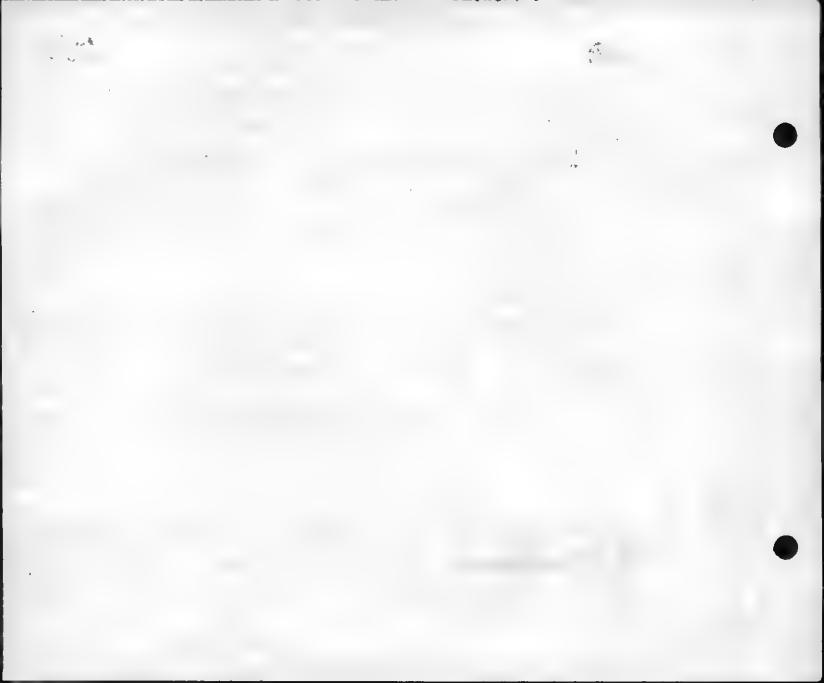
												<u> </u>	
1.	PLACE OF DEAT e. COUNTY	n comico			a. ST	RESIDENCE	E (Where	deceased lived	I, If Institu	vi i.co	lence bei	ore admissi	on)
_	b, CITY OR TOV	N (If outside corpora	te limits,	C LENGTH OF STAY IN	'	R YOWN (If							n)
	write RURAL Sa.	and give nearest tov Lisbury	(n)	4/24/67		Sali	sbur	У		25	2.1	,	
	d. NAME OF HO	SPITAL OR INSTITUTION	ON (If not in hos	spital, give street addre	ss) d. STREE	TADDRESS					e. 13	RESIDEN N A FARM	CÉ
	Pen	insula Gene	ral Hosp	pital		208	Linco	oln Av	enue			No.	
3.	NAME OF DECEASED		Irst	Middle	Las		4. DAT		Month		Day	Year	
	(Type or print)		ENCE	WARREN	BRO		DEA		May	HAIDED 1 V	1	19 67 INDER 24 H	ne
l	SEX			NEVER MARRIED	8. DATE OF			last bir	thday) M			ours Mi	
-	ale	White TION (Give kind of work	WIDOWED [DIVORCED DIVINESS OF	Decembe	HPLACE (Co		68	yrs. 4	12. CITI.		TAHW	-
du	ring most of worl	king ilfo, even if retire	Build	DUSTRY		sbury			Marita 37	COUN	ITRY?	.,,,,,,	
	FATHER'S NAM	Employee	Dull	rer.a		HER'S MAID					/LAPL		_
0	larence	N. Brown			Tde	Living	eton						
15	. WAS DECEASED	EVER IN U.S. ARMED FO		OCIAL SECURITY NO.	Mrs. Pe	1	D	/18/4-0	Address				_
	es, no, or unkown) No	(If yes give war or dates	37 Service) 21'	7-10-3603	208 Lir	coln 4	Ave	Salis	bury.	Ma.			
	18. CAUSE OF	DEATH [Enter only or	ne cause per lin	ne for (a), (b), and (c).]						1 1	NTERV/	L BETWEE	N
	PART I, D	EATH WAS CAUSED BY IMMEDIATE CAUSE	(a) (Commen	reluen	ie					UNSEI	AND DEATH	
	1.	DUE			./								
	Conditions, If		(b)	promy a	hurden	ac.							
	gave rise to cause (a),		T0										
Z	underlying cau		(c)				Latta Co.	OND TO A CO	ven id to	DT 1(a)	19. W	AS AUTOPS	
ATT6	PART II. OTHER	SIGNIFICANT CONDITI	ONS CONTRIBUT	TING TO DEATH BUT NOT	RELATED TO THE	TERMINAL D	IISEASE CI	ONDITION G	IVENIN PA	R(1(S)	PI	RFORMED	?
FIC	OPE - ACCIDENT	WAS UNDERLYING	4 - 1 20h D	ESCRIBE HOW INJURY O	COULDED TENT	0000	intury in	Dart Lor D	ort II of I	tom 18)	YES [NO	
CERTIFICATION	OR CONTRIBUT	TING CAUSE OF DE	(TH INER)	N/A	CORRES. (EII)	at Hermio or	111,017 111	raterorr	016 11 01 1	10.,			
MEDICAL	20c. TIME OF Hour a.	INJURY Month, Day,		1 4	PLACE OF INJU	RY (Home, fa ffice bldg., et		. (City or t	own)	(Count	у)	(State	t
MED		.m. 19	While at work	— NOT WILLS —									_
	21. I cert	ify that (I) (this hos	pital) attende	d the deceased from	4-0	$\frac{77}{400}$ 19	962,	to				(1) (we) I	
	saw the de	ceased alive on	5-	1967, and	that death oc	curred at_	15:10	from the o	auses ar	ed on the	date s	tated abo	ve.
	22a. SIGNATI	RE	1/	111 0	ATTEND		MED.	STAF	F -	May	1	/1967	7
	22c, PHYSIC		h C	all a	Mr.D. PHYS.	ADDRESS	DIRECTOR	PHYS		11200		1 = 10	_
	MAMIE (1	Type) Dr. Jame	s L. Cl:	ifford	Med	lical (lente	r, Sal	isbur	v. Ne	ryle	and	_
23		MATION, 23b. DATE	THEREOF	23c. NAME OF CEME	TERY OR CREMA	TORY	23d.	LOCATION	(City, tow	n or count	y)	(State)	
	Burial		1967	Wicomico Me	morial .	Park	S	alisb	ry, l	laryla	and	III. P	
24	FUNERAL DIR			ADDRESS	3.00	25a. REC	C'U BY RE	GISTRAR	250. REG	ISTRAR'S	SIGNAT	JKŁ	
_	HOLLOWA	Y & COMPAN	(, SALIS	BURY, MARYLA	MAD	DAVEAY	4	1967	goly	arles	Jus	12_	



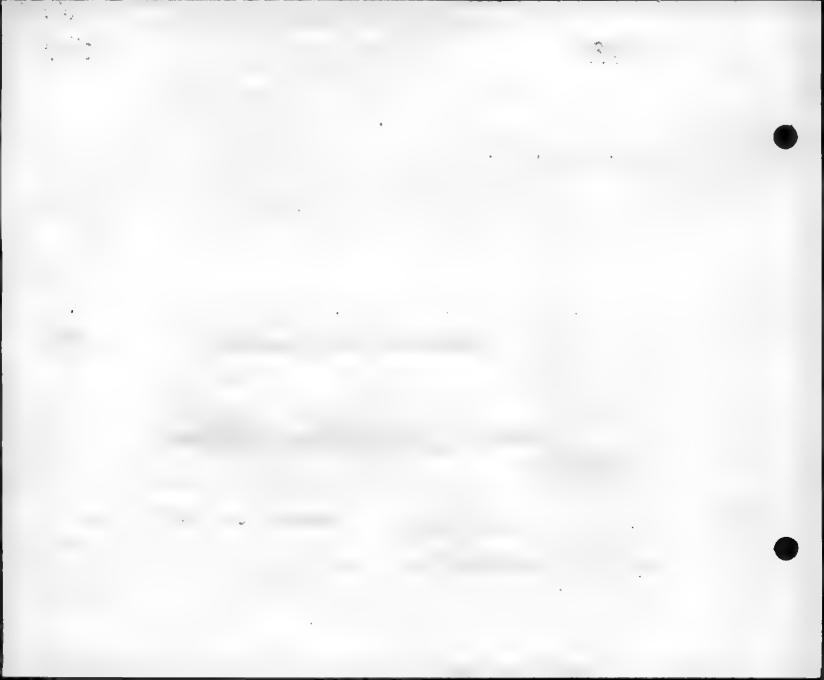
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

0739	1		CERTII	FICATE	OF DEATH			{	378	168	
1 PLACE OF DEATH					2. USUAL RESIDENCE (V	Vhere dec			e before	adm issiai	n) V
a. COUNTY	comico		MAR	YLAND	o. STATE Marvl	and	b. COU	Word	eete	279	
	(If autside carparate imi of give nearest town)	is,	c LENGTH OF STAY	IN 1b	c. CITY OR TOWN (If au		arate limits, write RU				
write KURAL or Sa.	Lisbury		237 days		Berli	n			•		
d NAME OF HOSPI	FAL OR INSTITUTION (IE 1	ot in haspitol, g	we street oddress)		d. STREET ADDRESS				e.	IS RESIDI	ENCE
De	er's Head S	tate Ho	spital		Box L	2, R	t. 2		Y	ES	
3. NAME OF		irst	Middle		Last	4. DAT		th	Day	Yea	,
DECEASED (Type at print)	EMM	A	T.	1	BROWN	OF DEA	th 5		9	196	7
S. SEX	6 COLOR OR RACE	7. MARRIED	NEVER MARRIE	D	. DATE OF BIRTH		9 AGE (In years	IF UNDER 1		IF UNDER	
F	C	WIDOWED	DIVORCE	D 🔲	12-27-19	01	lost birthday)	Months	Days	Hours	Min.
	N (Give kind of work dane		D OF BUSINESS OR		11 BIRTHPLACE (County	& Stote, a	r foreign country)	12. CITI	ZEN OF	WHAT	
during most of working	lite, even it retired)	INI	DUSTRY		Cheritan	. li	Mand	, 2	INTRY 2.	H.	
13 FATHER'S NAME	. /	•2			14 MOTHER'S MAIDEN		P			-	
Will	eam II:	Buch	LUTU		Leaky	4	house				
	ER IN U.S. ARMED FORCES?		OCIAL SECURITY NO.	17)	NFORMANT	1	Addr	ess /			
(165, 110, 01 UII KIIOWII)	(III Yes give words doces	ni zeraice)		1/2	astow La	WY	Birlin 11	ultt	12,	BOX	42
	EATH (Enter only one co					7				RVAL BETV	
PART I. DEA	TH WAS CAUSED BY: IMMEDIATE CAUSE	(c) AC	ute pulmo	nary	edema	,			10NY	et and di nour	LAIN
		TO 01	ahahlu mu								
Canditions, if one rise to immedia		(b)	opapth bu	muon:	ry embolus				½ ho	our	
stating the und		10									
last.)	(c)									
PART II. OTHER S	GNIFICANT CONDITIONS	CONTRIBUTING T	O DEATH BUT NOT RE	LATED TO T	HE TERMINAL DISEASE CON	IDITION G	IVEN IN PART 1(a)		19. Y	WAS AUTO PERFORME	PSY D?
Middl Middl	e lobe synd								YES		NO X
OR CONTRIBUTING	AS JNDERLYING GC CAUSE OF DEATH	20b. DES	CRIBE HOW INJURY O	OCCURRED (Enter noture of injury in	Part I ar !	Port II of item 18)				
(IF EITHER, NOTIF	(MEDICAL EXAMINER) IURY Manth, Doy, Year	204 10	JURY OCCURRED	20a DI 8/	E OF INJURY (Hame, farm	. 201	(City or town)	(Cour	ntul.	- 19	Stote)
된 Hour o.	m.	41.00.00			ory, street, affice bldg., etc.)		(city of lowit)	(con	11.43	12	мотеј
р.	m. 19	While at work	of work	1 6 SE	ptember 141	0.66	An Morr O	10 6	7 1	* A 11\ I.	الما الما
2). I cerr	iry inui (i) (inis nu	May 9	1967	and that	death occurred at	11:50	AM from couses	ond on th	e date	stoted	nhove
220 SIGNATURE				dild illo					TE SIGNE		95010
Re	mitz	6111		M.E	ATTENDING D	MED. DIRECTOR	STAFF B	3 5/9	1/67	2.5	
22c. PHYSICIAN					22d. ADDRESS						d.
NAME (Typ	A. C. I	litchell	, M. D.		Deer's He	ad S	tate Hosp	ital,	Sal:	1sbu	cy,
23a BURIA., CREMATI		IEREOF	23c NAME OF CEM	AETERY OR	CREMATORY	23d	LOCATION (City or To	ıwn) ((County)		tote)
REMOVAL (Specif	5-13	-67	net Zuo	70			now/tel	6 1	Tare	, 7)	W.
24 FUNERAL DIRECT	OR of) an	Perseis.	Re, MORESSZ	'c. /	25a. PEGI	RY REGI	STRAR 100725b. R	EGISTRAR'S SI	GNATURE	landa	
Forella)	W. Yoully	2001	· Austida.	ned	DATE	11 7	o logi		- O	The same	

TO FUNERAL DIRECTOR: After this certificate hos been signed by the attending physician and completely filled in by the fundral director, page 3 shauld be detached far use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 3 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in my event, within 72 hours after death TO HOSPITAL OR ATTENDING PHYSICIAN: The low Impuires that the duath certificate be executed within 24 hinurs after Poge 4 may be retoined by the hospital or attending physician.



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 07392 CERTIFICATE OF DEATH OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death 2. USUAL RESIDENCE (Where deceosed lived, if institution. Residence before admission) PLACE OF DEATH o. COUNTY b. COUNTY MARYLAND Wicomico signe∎ by the atten∎ing physician o∎∜ cómpletely filled in by the fur burial-fransit permit. Then please rema<u>ve, c</u>arban papers. Pages 1 burial, crematian, ar remaval, and in any event, within 72 haurs after Vicomico Maryland c LENGTH OF STAY IN 16 b CITY OR TOWN (if outside corporate limits write RURAL and give nearest town) c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 2 Yrs. Salisbury Salisbury e S RESIDENCE ON A FARM? d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d STREET ADDRESS Sp. Hill Pr. Sani. 324 Camden Ave.. YES NO X 3 NAME OF Middle 4 DATE Month First Lost DECEASED Cecilia BROWN May 67 MARY DEATH Type or print 6 COLOR OR RACE 8 DATE OF BIRTH AGE (In years IF LINDER 1 YEAR # UNDER 24 HRS 7 MARRIED **NEVER MARRIED** (ast birthdoy) May 15,1887 Dovs Hours White Female D-VORCED WIDOWED 12 CIT ZEN OF WHAT 100 USUAL OCCLPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) during most of working life, even if retired)
House Wife Own Home LEQUNTRY?. Balt.Marvland 14. MOTHER'S MAIDEN NAME 13. FATHER S NAME Mollie Riley Charles Edward Bicky 15 WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes give wor or dotes of service) 16. SOCIAL SECURITY NO 17. INFORMANT Address Ars. Russell Dashiell, Salisbury, Md. 220-26-1958 INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART I DEATH WAS CALSED BY: IMMEDIATE CAUSE (o) Page 4 may be retained by the hospital or attending physician. Conditions, if ony, which gove rise to immediate couse (o). DUE TO stoting the underlying couse has been be detached far use as the State Dept. of Health prior to 19. WAS AUTOPSY PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE ERMINAY DISEASE CONDITIONS GIVEN IN PART 1(Q) NO. FUNERAL DIRECTOR: After this certificate 205. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18) 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Stote) 20c TIME OF INJURY Month, Doy, Year Hour o.m. factory, street, office bldg , etc.) of work 196 7that (1) (we) last director, page 3 should should be filed with the the deceased alive on 22b. DATE SIGNED ATTENDING 5-1-1967 M.D DIRECTOR PHYS 22d ADDRESS Salisbury, Maryland PHYSICIAN'S Earl M. Beardslev NAME (Type) Dr. 23d. LOCATION (City or Town) 23c. NAME OF CEMETERY OR CREMATORY 23b DATE THEREOF (Stote) BURIAL CREMATION. (County) REMOVAL (Specify) Salisbury, Maryland Wiedmico Memorial -1967250 REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE Salisbury, Maryland 24. FUNERAL DIRECTOR VR A15 (4) 1 20 M 1/66 Minnes



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS. 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

	0739	3	MEDICAL EXAMIN	IER'S CE	RTIFICATE O	F DEATH		673	370
	PLACE OF DEATH			2		Where deceased lived,	if institution		re admission)
	Wi.	comico	MARY	LAND	o. STATE Delay	ware	p. COUNTI		1
	b (TY OR TOWN (If autside corporate limit digive nearest tawn)	s c LENGTH OF STAY	v 1b c	CITY OR TOWN (If al	tside carporate 1 m ts,	write RURAL	and give neare	st tawn)
		lisbury			Selby	yville		412	
			ot in hospito ig ve street oddress) neral Hospital	d	STREET ADDRESS				e IS RESIDENCE ON A FARM? YES NO X
3.	NAME OF		rst Middle		Last	4 DATE	Manth	Da	Y Year
	Type or print)	KATHRYN	ELIZABETH		BROWNE	OF DEATH	5-	7-67	19
S	SEX F	6 COLOR OR RACE	7 MARRIED NEVER MARRIED WIDOWED DIVORCED		ATE OF BIRTH	9 AGE (III		F UNDER 1 YEAR Manths Days	Haurs Min
100	USUAL OCCUPATION	i (G ve kind of work done life, even if retired)	10b KIND OF BUSINESS OR INDUSTRY none	1	BIRTHPLACE (State Del	or foreign country) aware		12 CITIZEN O	F WHAT S.A.
13	FATHERS NAME Van	B. Murray	7	14	Mother's Marden Nan	NAME Cy Murra	У	1	
15 (Y	WAS DECEASED EVE es, na ar unknawn) 110	R IN U.S. ARMED FORCES? (If yes give war ar dates)	of service) 222-05-4330	17 INFO		Lynch, F	Address rankf	ford,	Del.
		TH WAS CAUSED BY IMMED ATE CAUSE	1.7	ive he	art failu	re			TERVAL BETWEEN WET AND DEATH INUTES
	Cand Lans, if any rise to immediat stoling the unde	, which gave) e cause (a),	(b) Hypertensive	cardio	-vascular	disease		у	ears
TION	PART I OTHER SI	GNIFICANT CONDITIONS ((c)ONTRIBUTING TO DEATH BUT NOT RE	ATED TO THE	ERMINAL DISEASE CO	ND T ON G VEN IN PAR	RT 1(a)		WAS AUTOPSY PERFORMED? YES NO
CERTIFICATION	20a EXTERNA. CA PRIMARY [] or CO CAUSE OF DEATH	USE WAS NTRIBUTING []	206 DESCRIBE HOW INJURY OF	CURRED (Ente	r nature of injury in	Part I ar Port II of ite	m 18)	1'	
MEDICAL	20c TIME OF IN., Haur a r p.r	1.0	20d INJURY OCCURRED While Not While at work		FINJURY (Home, farri treet, office bldg., etc.)		tawn)	(Caunty)	(State)
	21 I certif death result		e of the remains described about X , Accident X				, <u>Inquiry</u> nined mon		d in my o pinior
	ACTUAL	Earl L. Roy	rer. A.D.	M	.D ASSISTANT MED	CAL EXAMINER AL EXAMINER		May 8	22. DATE SIGNED
1	EMAINTENCK 3	109 Camden		Md.		l, city, town, or county	()		
	BUR AL CREMAT OF	DN. 235 DATE TH	ereof 23c Name of Ceme 0-67 Red Men	TERY OR CREA	etery	Selby			
10.7	FUNERAL PIRECTS	IT WOKED	Mulson ADDRESS Son, Frankfort, D	el.	2Sa P E'S	S BY RIG TRAR 100	25b REGIS	TRARS SIGNATU	RE Usedan

VR A15ME (5) 6M 1/66

FOR STATE HEALTH DEPT.

Post

Office along with form

delay ono P M3

necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2,

the funeral director. Page 4 should be forwarded to the Chief Medical Exominer's

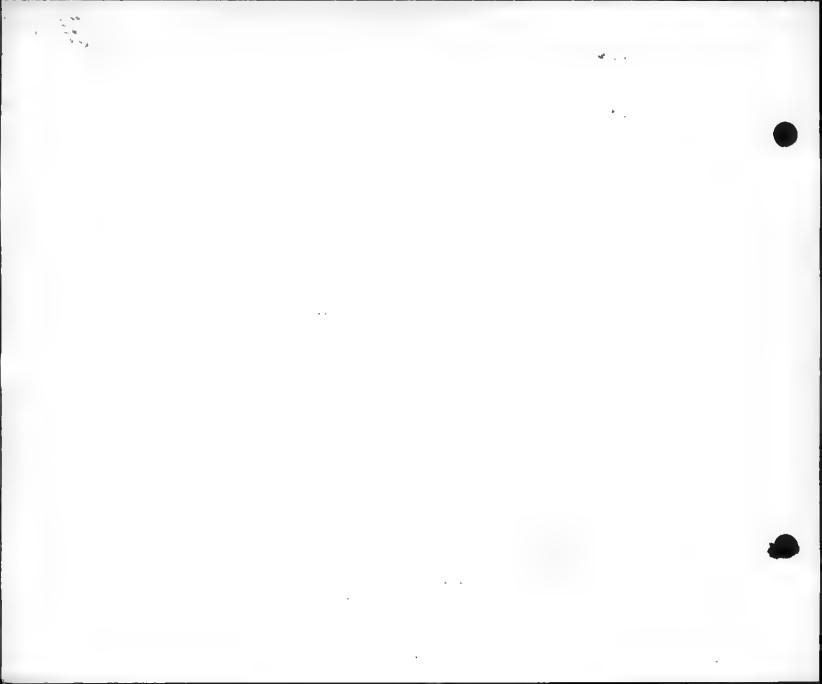
5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burior-transit permit. File pages Health or its designated agent, prior to buriol, cremation, or removal, and in ahi

CAL MAMINIR: This certificate should be executed within 24 hours after death If

TO DEPUTY M

I ama's with the State Department of event within 72 hours after death



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

07394

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physican and campletely filled in by the funeral director, page 3 should be detached far use as the burial-transit permit. Then please remove carbon papers. Pages Lond 2 should be filed with the State Dept. of Health prior to burial, crematian, ar removal, and in ally equal, within 72 hours of tangent.

O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

Page 4 may be retained by the haspital or attending physician.

VR A15 (4) 20 M 1/66

CERTIFICATE OF DEATH

07371

0	007					
1 PLACE	OF DEATH				ere deceosed lived, if institution. Resid	lence before admission)
o. COU	Wico:	mico	MARYLAND	o. STATE Maryl	and b. COUNTY	Wicomico
b. CITY	OR TOWN (If outside	corporate limits,	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outs:	de corporate limits, write RURAL and g	give neorest town) ,
wri	ite RURAL and give ne	shury	10 days	Fruit	land	2 -1
d NAA	ME OF HOSPITAL OR IN	ISTITUTION (If not in hosp	ital, give street address)	d STREET ADDRESS		e IS RESIDENCE ON A FARM?
	Peni	nsula Gen	eral dospital	Box 1	O1, Hayward Ave.	YES NO 🕱
3. NAME		First	Middle	Lost	4. DATE Month	Day Year
DECEA (Type	or buut)	Clarence	E.	Byrd	DEATH Of ay	29 1967
s sex	6. (OL	OR OR RACE 7, MARI		B PATE OF BIRTH	9 AGE (In years IF UND) Age (In years Months) Which is the second of th	ER I YEAR IF UNDER 24 HRS
ma	1/e 1/	hite wido	WED DIVORCED .	July 5, 1897		
Do USUA	LOCCUPATION (Give k		DE KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (County & !		COUNTRY 2
Serv	ost of working life, ever 11 ceman	P.	ropane Gas Co.	Crisfield,	Maryland	USA USA
	ER'S NAME			14. MOTHER'S MAIDEN NA		
Shad	lrach Byrd	A		Mary Jane B	yrd	
IS WAS	DECEASED EVER IN U.S.	ARMED FORCES?	16. SOCIAL SECURITY NO 17.	INFORMANT	Address	
NO no,	or unknown) (IT yes g	None	217-03-7873 Mr	s. Emma Byrd,	Same as 2. abcd	
1B.		ter only one couse per lir	e for (o), (b), ond (y)			INTERVAL BETWEEN
	PART I, DEATH WAS	Caused by- Amediate Cause (0)	Urem	a		OMSET AND DEATH
	446X	DUE TO	0	1		0
	ditions, if ony, which		Mellerose	cleroses	<u> </u>	
	to immediate couseing the underlying c		(//			
last.		(c)	U			<u> </u>
PART	T II. OTHER SIGNIFICAL	T CONDITIONS CONTRIBUT	ING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE COND	ITION GIVEN IN PART 1(o)	19 WAS AUTOPSY PERFORMED?
\$						YES NO IX
oR €	ACCIDENT WAS UNDER	E OF DEATH	b. DESCRIBE HOW INJURY OCCURRED.	(Enter noture of injury in Po	rt (or Port II of Item 1B.)	
	TIME OF INJURY MO		Od. INJURY OCCURRED 20e. PLA	ICE OF INJURY (Home, form,	20f. (City or town) (County) (Stote)
MEDICAL 20x	Hour o.m.		While Not While for	tory, treet, office bldg., etc.)	14.	, , ,
	p.m.		twork otwork () ttended the deceased fram_	Hay 18, 19	6/10/10/10/18/1	9. 6 /that (I) (we) la
	saw the decease	d alive on			SOP M, fram causes and on	
220	. SIGNATURE .	0 1 2 1	1//	ATTENDING	NED STAFF 22b.	DATE SIGNED
0	(fand	1 de	lower M	.D. PHYS. 🔲 D	RECTOR PHYS	
220	: PHÝSICIAN'S NAME (Type) D	avid J. Gil	more, M. D.	22d. ADDRESS	lisbury, Marylan	đ
230 RUE	RIAL, CREMATION,	23b. DATE THEREOF	23c NAME OF CEMETERY OR	CREMATORY	23d. LOCATION (City or Town)	(County) (State)
	AOVAL (Specify)	May 31, 19			Crisfield, Md.	(
	VERAL DIRECTOR	>13 ()	ADDRESS	250. RIGO	BY REGISTRAR 25b. REGISTRAR	S SIGNATURE
		ns. Cristie		DATE	12 1967 garden	with Judge

Maryland

Wicomico

USA

X

10 days Fruitland

Box 101, Hayward Ave.

Clarence E.

1 4

Serviceman

No

Shadrach Byrd .

None

х

July 5, 1897 69

Propane Cas Co. Crisfield, Saryland

Mary Jane Byrd

217-03-7873 Yrs. Emma Byrd, Same as 2. abcd

David J. Gilmore, M. D.

Salisbury, Maryland

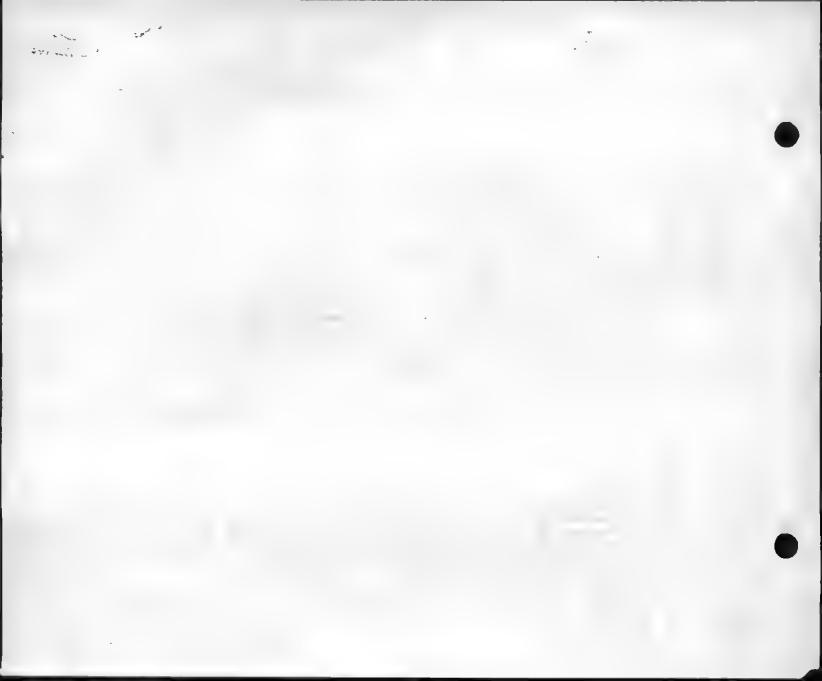
Burial May 31, 1967 Sunnyridge Cemetery Crisfield, .id.

Bradshaw & Sons, Crisfield, Md.

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 07395 within 24 hours after death PLACE OF DEATH 2. USUAL RESIDENCE (Where decrased I ved, if institution: Residence before admission). filled in by the funeral a. COUNTY Wicomico MARYLAND CITY OR TOWN (If outside carparate limits, c. LENGTH OF STAY IN 16 orparate 1 mits, write RURAL and give nearest town) write RURAL and give nearest town) Sulisbury d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS ON A FARM? 80 YES 3 NAME OF Middle 4. DATE Lost Month Year cartificately DECEASED DEATH (Type or print) requires that the death certificate be executed AGE (In years last bighday) IF UNDER FUNDER 24 HRS S. SEX 6. COLOR OR RACE 7 MARRIED **NEVER MARRIED** OF BIRTH remove Manths Days Hours Min WIDOWED DIVORCED In any physician and 10b KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT please during most of working life, even 'f retired' INDUSTRY **COUNTRY ?**₁ 00 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME removal, В signed by the attending p burial-transit permit. Then burial, cremation, ar remov INFORMANT 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no. adunknown) (If yes give war or dotes of service 70 INTERVAL BETWEE 1B. CAUSE OF DEATH (Enter only one cause per line for ONSET AND DEAT PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) attending physician DUE TO Conditions, if any, which gave 1200313 SC rise ta immediate cause (a). **DUE TO** stating the underlying couse has been etached far use as the Dept. of Health priar to last. WAS AUTOPS)
PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) CERTIFICATION NÔ be retained by the haspital or O FUNERAL DIRECTOR: After this certificate ATTENDING PHYSICIAN: 20a AECIDENT WAS UNDERLYING [20b. DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Part I or Part II of item 1B.) OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e PLACE OF INJURY (Hame, form, 20c TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED (City or town) (County) (State) Haur a.m. Nat While factory, street, affice bldg., etc.) at wark at wark ĝ 21. I certify that Milithis hospital) attended the deceased fram director, page 3 should should be filed with the at 245 P M from causes and an the date stated above. saw the deceased alive on and that death accurred 22a. SIGNATURE 22b. DATE SIGNED **ATTENDING** STAFF M.D DIRECTOR PHYS PHYS. 22d. ADDRESS 22c. PHYSICIAN Page 4 may NAME (Type BURIAL, CREMATION, REMOVAL (Specify) DATE THEREOF NAME OF CEMETERY OR CREMATORY 23d, 10CATION (City or Town) (County) (State) UNERAL DIRECTOR 25a. REC'D BY REGISTRAR 2Sb. REGISTRAR'S VR A15 (4) 20 M 1/■ 196



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death camptetely filled in by the funeral ove carban papers. Pages 1 and 2 yearsny, within 72 hours after degth 2 USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) PLACE OF DEATH b. COUNTY o. STATE o. COUNTY c. CITY OR TOWN of outside corporate Hrmits, write RURAL and give nearest fown) comico MARYLAND c LENGTH OF STAY IN 1b b. CaTY OR TOWN [If outside corporate I mits, write RURAL and give nearest town) Salisbury e IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS YES - NO Hospital Peninsula General 4 DATE Month Middie Lost Year 3 NAME OF First DECEASED 1960 WILLIAM DEATH and in any eyest, (Type or print) IF UNDER 1 YEAR IF UNDER 24 HRS. DATE OF BIRTH 9. AGE (In years / SEX 6 COLOR OR RACE **NEVER MARRIED** 7. MARRIED nove ost birthdoy) Months Dovs Hours DIVORCED WIDOWED gub 12 CITIZEN OF WHAT BIRTHPLACE (County & Stote, or foreign country) KIND OF BUSINESS OR 9 100 LSUAL OCCUPATION (Give kind of work done 10b physician a nen please **INDUSTRY** during mast of working life, even if retired) Farmer 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME burial, crematian, ar remayal, attending phys 17. INFORMANT 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. permit. (Yes, no, or unknown) (If yes give wor or dates of service) INTERVAL BETWEEN 18 CAUSE OF DEATH (Enter only one couse per fine for (a), (b) and (c).)
PART I. DEATH WAS CAUSED BY signed by the burnal-transit p ONSET AND DEATH IMMEDIATE CAUSE (o) DUE TO uneteral obstruction Conditions, if any, which gove rise to immediate couse (a), DUE TO storing the underlying couse Page 4 may be retained by the haspital ar attending peen as the directar, page 3 shauld be detached tar use as the should be filed with the State Dept. af Health priar ta 19 WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) FUNERAL DIRECTOR: After this certificate has PERFORMED? YES SA NO 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 20o ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL (County) (Stote) 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, (City or town) 20c TIME OF INJURY Month, Doy, Yeor Hour om. foctory, street, office bldg., etc.) While Not While ot work 2). I certify that (I) (this haspital) attended the deceosed fram These 1967, to MAY € 5 , 1967, that (I) (we) last 1967, and that death occurred at P.M. from couses and on the date stated above saw, the deceased alive on 1k 22b. DATE SIGNED 22 SIGNATURE STAFF ATTENDING DIRECTOR PHYS. M.D. 22d ADDRESS 22c. PHYSICIAN'S O HOSPITAL NAME (Type) MON 23d. LOCATION (City or Town) NAME OF CEMETERY OR CREMATORY (County) (Stote) BURIAL CREMATION. 23b DATE THEREOF SMOVAL (Specify)
24 FUNERAL DIRECTOR 0 250. RECD BY REGISTRAR VR A15 (4)



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 Item #2 infor. 07397 OF The law requires that the death certificate be executed within 24 hours after death. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) o COUNTY a. STATE b. COUNTY MARYLAND b CITY OR TOWN (If auts de corporate limits, write, RURAL and give nearest town) c. LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Salisbury d STREET ADDRESS d, NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) completely filled Peninsula General Hospital Fitzwaler St. signed by the attending physician and completely filler burial-transit permit. Then please remove carban par burial, crematian, ar remaval, and in any event, within NAME OF 4 DATE First Middle Last DECEASED OF DEATH (Type or print) 5 SEX 8. DATE OF BIRTH AGE fin years 6 COLOR OR RACE 7 MARRIED **NEVER MARRIED** last birthday) DIVORCED WIDOWED Do USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR VI. BIRTHPLACE (County & State, ar foreign country) during most of working life even if retired) INDUSTRY MOTHER'S MAIDEN NAME FATHER S NAME INFORMAN WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. lift yes give wor or dates at service IB. CAUSE OF DEATH (Enter anly one couse per line for (a), (b), PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) 776X DUE TO Conditions, if any, which gave rise to immediate cause (a), DUE TO stating the underlying couse has been of far use as the last. PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) CERTIFICATION 20a. ACCIDENT WAS UNDERLYING 205. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port 1 or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH be detached State Dept. af (IF EITHER, NOTIFY MEDICAL EXAMINER MEDICAL 20e PLACE OF INJURY (Home, form 20d INJURY OCCURRED (City or town) 20c TIME OF INJURY Month, Day, Year Haur a.m. factory, street, office bldg., etc.) Not While at work ot wark 21. I certify that (1) (this hospital) attended the deceased from and that death occurred at 1752M, from causes and on the date stated above. saw the deceased olive on 22a. SIGNATURE STAFF PHYS. ATTENDING DIRECTOR PHYS

MARYLAND STATE DEPARTMENT OF HEALTH

O HOSPITAL OR ATTENDING PHYSICIAN: The law requires the Page 4 may be retained by the haspital ar attending physician. TO FUNERAL DIRECTOR: After this certificate director, page 3 shauld shauld be filed with the

VR A15 (4) 20 M 1/66

22c. PHYSICIAN'S

BURIAL, CREAMESON

24. FUNERAL DIRACTOR

NAME (Type)

DATE THEREOF

REC'D BY REGISTRAR

22d

NAME OF CEMETERY OR CREMATORY

ADDRESS

ADDRESS

REGISTRARS SIGNATURE 2Sb

(City or Town

e IS RESIDENCE ON A FARM?

YES NO

19

Hours

INTERVAL BETWEEN ONSET AND DEATH

19. WAS AUTOPSY PERFORMED?

(County)

DATE SIGNED

(County)

22b

NO

(Stote)

Year

IF UNDER 24 HRS

Doy

YEAR

Days

COUNTRY?

C TIZEN OF WHAT

Months

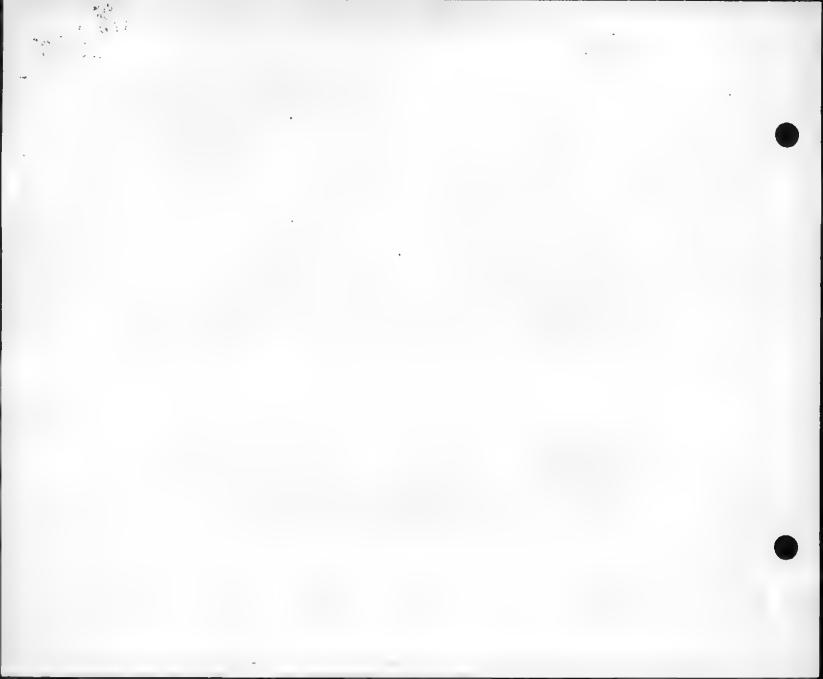
12



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 07398 deoth, 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission PLACE OF DEATH b. COUNTY o. STATE o. COUNTY Wicomico MARYLAND PHYSICIAN: The low requires that the death certificate be executed within 24 hours after write RURAL and give nearest town) b CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c LENGTH OF STAY IN 16 c CITY OR TOWN Uf outside/corporate iimits, completely filled in by the Salisbury e. IS RESIDENCE ON A FARM? carbanappers. d STREET_ADDRESS d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) NO X YES Peninsula General Hospita DATE OF DEATH Year Month NAME OF Middle Los DECEASED Type or print) burial, cremation, or removal, ond in any even IF UNDER I YEAR IF UNDER 24 HRS S SEX 6 COLOR OR RACE 7 MARRIED bythdoγ) remove Manths Hours Dovs WIDOWED puo 12 CITIZEN OF WHAT IRTHPLACE (County & State, or foreign country) 10b KIND OF BUSINESS OR 100 USUAL OCCUPATION (Give kind of work done NDUSTRY COUNTRY 2: during most di working life, even if retired) pleose physician mar 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME IS WAS DECEASED EVER IN L.S. ARMED FORCES? INFORMANT (Yes, no of unknown) (If yes give war or dates of service) ONSET AND DEATH CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) signed by the burial-tronsit p PART I DEATH WAS CAUSED BY ACCINOM N IMMEDIATE CAUSE (o) アグ シス DUE TO Conditions, if ony, which gove 4-CINDMH rise to immediate cause (a), DUE TO stating the underlying couse Page 4 moy be retained by the hospital or ottending hos been State Dept. of Health prior to lost. 19. WAS AUTOPSY PERFORMED? PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) CERTIFICATION NO YES TO FUNERAL DIRECTOR: After this certificate 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 1B.) 20o. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER MEDICAL (State) 20e PLACE OF INJURY (Home, form, 20f. (City or town) (County) 20d INJURY OCCURRED 20c. TIME OF INJURY Month, Day, Year Hour a.m factory, street, office bldg., etc.) Not While OR ATTENDING of work of work L 21. I certify that (1) (this hospital) attended the deceased from 19 67 10 196 / that (1) (we) lost director, page 3 snowing should be filed with the 19 62, and that death occurred at 8 4M, from couses and on the date stated above. sow the deceased olive on 22b. DATE SIGNED 22a. SIGNATURE ATTENDING STAFF PHYS M.D. DIRECTOR 22d ADDRESS 226 PHYSICIAN'S NAME Hype NAME OF CEMETERY OR CREMATORY (City or Town (County) (State) BURIAL CREMATION 23b DATE THEREOF REMOVAL (Specify) 2Sb. REGISTRAR'S 2So REC'D BY REGISTRAR SIGNATURE **FUNERAL DIRECTOR** VR A15 (4) 20 M 1/66

MARYLAND STATE DEPARTMENT OF HEALTH





MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 07400 OF DEATH CERTIFICATE I. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution, Residence before admission COUNTY b COUNTY comico MARYLAND b CITY OR TOWN (If outside corporate limits, CLENGTH OF STAY IN 1b c CITY OR TOWN (If dutside corporate limits, write RURAL and give nearest town) write RURAL and give negrest town) Jalisbur/ e IS RESIDENCE ON A FARM? d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS YES NO S Peninsula Midd e 3. NAME OF First DATE Month Lost á Doy Year DECEASED OF DEATH 1960 (Type or print) DATE OF BIRTH AGE (In years TE UNDER T YEAR IF UNDER 24 HRS SEX В 6. COLOR OR RACE 7 MARRIED **NEVER MARRIED** lost birthday) Months Hoiers Doys WIDOWED DAVORCED BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT 10o USJAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR during prast of working life, even if retired) INDUSTRY **COUNTRY?** 13 FATHER S NAME 14. MOTHER S MAIDEN NAME WAS DECEASED EVER IN U.S. ARMED FORCEST INFORMAN (Yes, no. or unknown) (If yes give wor or dates of service) INTERVAL BETWEEN ONSET AND DEATH CAUSE OF DEATH (Enter only one couse per time PART I DEATH WAS CAUSED BY neco IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gave (b) rise to immediate couse (a). DUE TO stoting the underlying couse lost 19. WAS AUTOPSY PERFORMED? THER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) NO YES F 200 ACCIDENT WAS JND REVING OR CONTRIBUTING DAUSE OF CRAIK (IF EITHER, NOTIFY MEDICAL EXAMINER) DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port I or Port II of 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, 20f (County) (Stote) 20c TIME OF INJURY Month, Day, Year (City or town) Hour o.m. factory, street, affice bldg , etc.) While Not While of work ot work 21. I certify that (1) (this haspital) attended the deceased 10 5 M, from causes and an the date stated above saw the deceased alive an. and that death accurred at 22b DATE SIGNED ATTENDING STAFF M.D PHYS. PHYS. DIRECTOR 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) BURIAL, CREMATION 23b DATE THEREOF (County) 230

ADDRESS

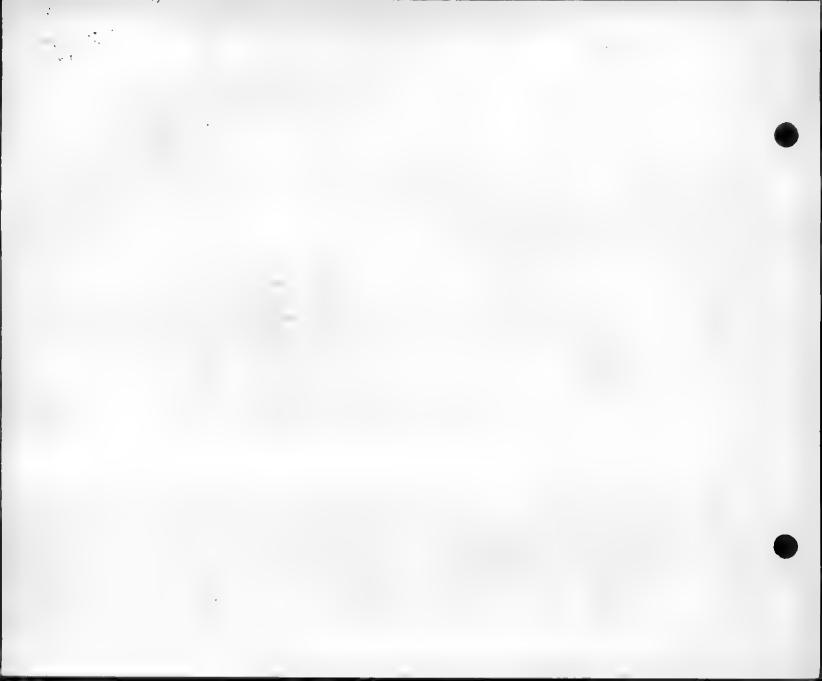
250 REC'D BY REGISTRAR

2Sb. REGISTRAR'S SIGNATURI

low requires that the deoth certificate be executed within 24 hours after deoth funerol ٥ filled in I corpon pletely remov and in ony puo please physician removol, Then attending ! signed by the attending burial-tronsit permit burial, cremation, or re **O HOSPITAL OR ATTENDING PHYSICIAN:** The low requires the Page 4 may be reforned by the haspital or attending physicion. be detached for use as the Starte Dept. of Health prior to hos been this certificote TO FUNERAL DIRECTOR: After director, page 3 should should be filed with the

VR A15 (4) 20 M 1/66

FLINERAL DIRECTOR

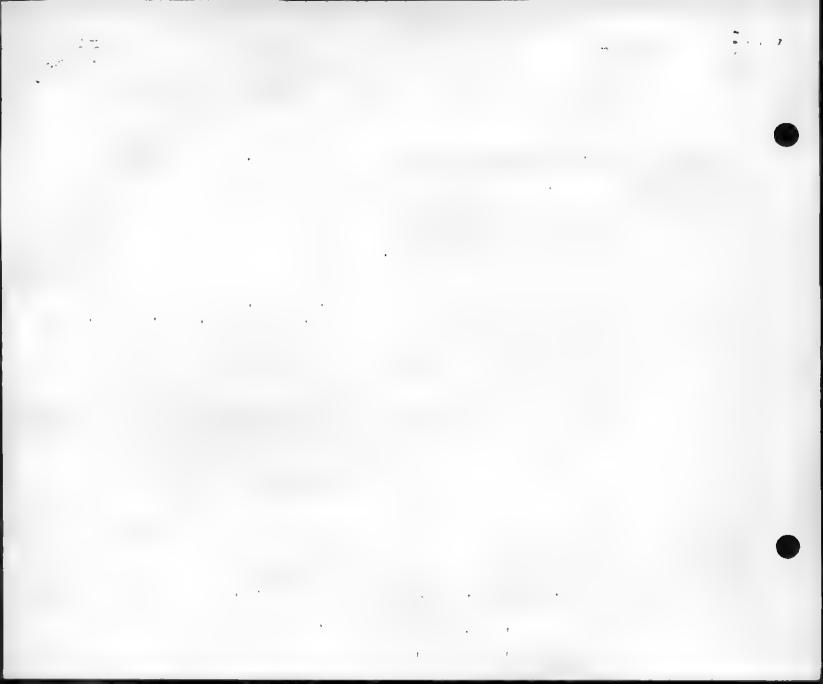


	Division of STATISTICA	L RESEARCH AND RECORDS, 301	W. PRESTON STREE	T, BALTIMORE, MARYLAN	ND 21201
	97401	CERTIFICATE			07379
	PLACE OF DEATH		2. USUAL RESIDENCE (W	here deceased lived, if institution	Residence before admission)
	o. COUNTY Wicomico	MARYLAND	o. STATE Marvle	YTNUOD d	Wicomico
	b. CITY OR TOWN (If outside corporate limits,	c LENGTH OF STAY IN 16		ide carparate limits, write RURAL	
	write RURAL and give nearest town) Salisbury		Salis	h112982	
\vdash	d NAME OF HOSPITAL OR INSTITUTION (If not in	haspital, give street oddress)	d STREET ADDRESS	bury	e IS RESIDENCE
	Peninsula Genera		604 E	Isabella St.	YES NO
3	NAME OF Frst	Mxddle	Lost.	4 DATE Month	Doy Year
П	OFFICE OF PRINT) Renge	Emery A	rues	DEATH May	16 1967
5	SEX 6 COLOR OR RACE 7. I		DATE OF BIRTH	9 AGE (In years /	FUNDER 1 YEAR IF UNDER 24 HRS.
L	MALE White W		eptember 29.		onths Doys Hours Min
	USUA, OCCUPAT ON (Give kind of work done	10b KIND OF BUSINESS OR		State, or foreign country)	12 CITIZEN OF WHAT
du	ing most of working life, even if retired) Carpenter Foreman	Railroad Co.	Wicomico Co	ounty, Maryland	COUNTRY? USA
13	FATHER'S NAME	Railroad Co.	14. MOTHER'S MAIDEN NA		0.02%
	Jack Davis		Joannah Tr	uitt	
15	WAS DECEASED EVER IN U.S. ARMED FORCES?	16 SOCIAL SECURITY NO 17 N		Davis (Wife)	
1	es, no, or unknown) (If yes give wor or dates of sen			la St Salisbur	v. Ma.
	18. CAUSE OF DEATH (Enter only one couse pe	er line for (a), (b) and (c).)			INTERVAL BETWEEN
	PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)_	Cardens	Toucher	5-2	ONSET AND DEATH
	5271 DUE TO				1
	Conditions, if ony, which gove	Emy fry	128166	7	5/21.12
	nse to immediate cause (o), DUE TO	/ /			
L	lost.				
_	PART II. OTHER SIGNIFICANT CONDITIONS CONTR	BUTING TO DEATH BUT NOT RELATED TO T	HE TERMINAL DISEASE COND	OTTON GIVEN IN PART 1(0)	19 WAS AUTOPSY
CERTIFICAT ON					PERFORMED? YES NO
Ē	200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	205 DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Po	ort I or Part II of Item 18.)	
8	(IF EITHER, NOTIFY MEDICAL EXAMINER)	N/A			
MEDICAL	20c TIME OF INJURY Month, Doy, Year		E OF INJURY (Home, form,	20f (City or town)	(County) (State)
35	Hour a.m. p.m. 19	While Not While of work	ory, street, office bldg., etc.)		
	21. I certify that (I) (this hospita	l) attended the deceased from	12/14,19		
	sow the deceased alive on	5/15 19 6 ond that	death accurred of	M, from causes an	d an the dote stated above.
	220. SIGNATURE	1. 1-44.	ATTENDING C+	MED. STAFF	22b. DATE SIGNED
	11113	MICE // M.D). PHYS.	DIRECTOR PHYS.	12/16/67
	22c PHYSICIAN'S NAME (Type) Dry William		22d. ADDRESS		
				y. Maryland	
23	BJRIAL, CREMATION, 23b. DATE THEREOF	F 23c. NAME OF CEMETERY OR C	CREMATORY	23d LOCATION (City or Town)	(County) (State)
	Burial May 18.	1967 Parsons Cemet	ery		ryland
2	FUNERAL DIRECTOR	ADDRESS	2So. REC'D	N RIGISTRAR 19672Sb REST	RARS SINATURINAL
	HOLLOWAY & COMPANY	SALISBURY, MARYLANI	DATE STATE	1 70 1001	()

DATE

TO FUNERAL DIRECTOR: After this certificate hos been signed by the attending physicial and completely filled in by the proceed director, page 3 should be detached for use as the burial-transit permit. Then please reprove-carbon papers. Pages, and 2 should be filled with the State Dept. of Health prior to burial, cremotion, or removal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours given Page 4 may be retained by the hospital or attending physician.

VR A15 (4) 20 M 1/66



FOR STATE HEALTH DEPT. M3. Page TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death If Giry delay s Afment of ond 3 to

in pencil in Item 18 Give Pages

mecessary, please execute the certificate, writing the word "pending" in penct in Stem 18 Give Pag the fumeral director Page 4 showld be forwarded to the Chief Wedicol Examiner's Office along with

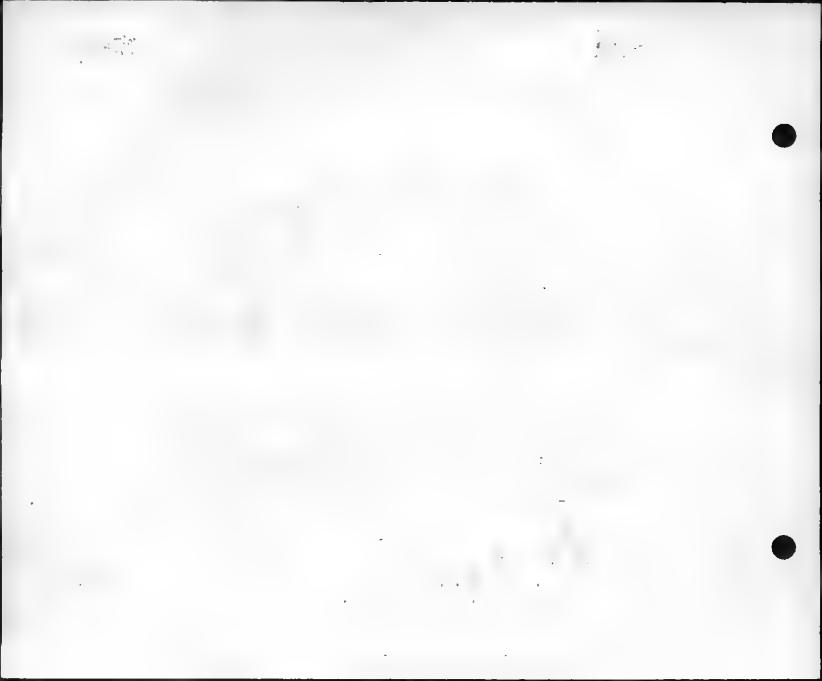
Hea th prior to buriol, cremation, or removal, and in any event within 72 navis after death

5 may be retained for your files TO FUNERAL DIRECTOR: Page 3 should be used as a bunal-transit permit. File

VR A 15ME (5)

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

07402 ME	EDICAL EXAMINER'S	CERTIFICATE O	F DEATH	07378		
1 PLACE OF DEATH 0 COUNTY Wicomico	MARYLAND	A STATE	where deceosed lived if institution Residual b COUNTY V	orcester		
b CITY OR TOWN (if cutside corporate limits, write RURAL and give nearest town) Salisbury	c LENGTH OF STAY IN 16	c CITY OR TOWN (IF ou	tside corporate limits, write RURAL and g	,		
d NAME OF HOSPITAL OR INSTITUT ON (If not in hospital	ol, give street oddress)	d STREET ADDRESS		e IS RESIDENCE ON A FARM?		
Peninsula Generat	Hospital	Rout	te l	YES NO		
3 NAME OF Furst DECEASED (Type or print) JAMES	EDWARD D	ENNIS	4 DATE Month OF DEATH 5-22-67	Doy Year 19		
S SEX 6 COLOR OR RACE 7 MARRI Male AA W DOW	TO THE MANAGE WITH	9-1-1889	9 AGE (In years IF UNDE Months	R 1 YEAR IF UNDER 24 HRS Days Hours Min		
100 US_At OCCUPATION (Give kind of work done during most of working life, even firet red)	KIND OF BUSINESS OR INDUSTRY TATINAL	11 BIRTHPLACE (Store Newar		COUNTRY?		
13 FATHER'S NAME COSCE DEL NO 15 WAS DECEASED EVER IN U. S. ARMED FORCES?		14 MOTHERS MAIDEN A LICE MFORMANY	Holland			
(Yes, no, or unknown) (If yes give wor or dotes of service)	70	Jary De	nnis RTEHIA			
18 CAUSE OF DEATH (Enter only one couse per line PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (0)	for (o), (b), ond (c) Bleeuing peptic	ulcer		ONSET AND DEATH		
Conditions, if ony, which gove nse to immediate couse (a). stating the underlying couse (c) (c)	Uremia			days		
PART II OTHER S GNIFICANT COND TIONS CONTRIBUTING Crusned cnest and	PART IS OTHER S GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(0) Crushed chest and fractured left nip					
PR MARY LIGHT CONTRIBUTING IN CAUSE OF DEATH 20c T ME OF INJURY Month, Doy Year 20c T ME OF INJURY Month, Doy Year	nd turned over s	seat of au everal times G OF IN. JRY (Home farm	to which went out	County) (Stote)		
21 Certify that Litack charge of the remains described a live, held an Autopsy, Inspection Inquiry, and in my opinion death resulted from: Natural causes, Accident, Suicide, Hamicide, Undetermined manner						
ACTUAL	ACTUAL SIGNATURE MD ASS STANT MED CAL EXAMINER					
Examiners Earl L. Royer NAME (Type) 1,09 Camdon Ave 230 B. RIA', CREMATION, 243b DATE THEREOF	M.D. Salisbury Md.		L EXAM NER (X), city, town, or county)	23, 1967		
230 BURIA', CREMATION, 230 DATE THEREOF REMOVAL (Specify) 5-27-6 24 FUNERA, DRECTOR	23c NAME OF CEMETERY OR 7 Lacoulet ADDRESS	est	23d SCATION (Cry for Town) An elstury BY REGISTRAR 25b REGISTRARS	(County) (Stote) Michigan Mills S GNATURE		
Jolley Funeral Home, Sali		DISTAY	m nat.	es Judge		



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

 $\hat{r}_{i}^{\rm p}$

TO HOSPITAL OR ATTENDING PHYSICIAN: The fow requires that the death certificate be executed within 24 hours after death.

Page 4 may be retained by the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate hos been signed by the ottending physician ond completely filled in by the functional director, page 3 should be detached for use as the burial-transit permit. Then please remays—earban papers. Pages 1 or with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after the

VR A15 (4) 25M 1/67

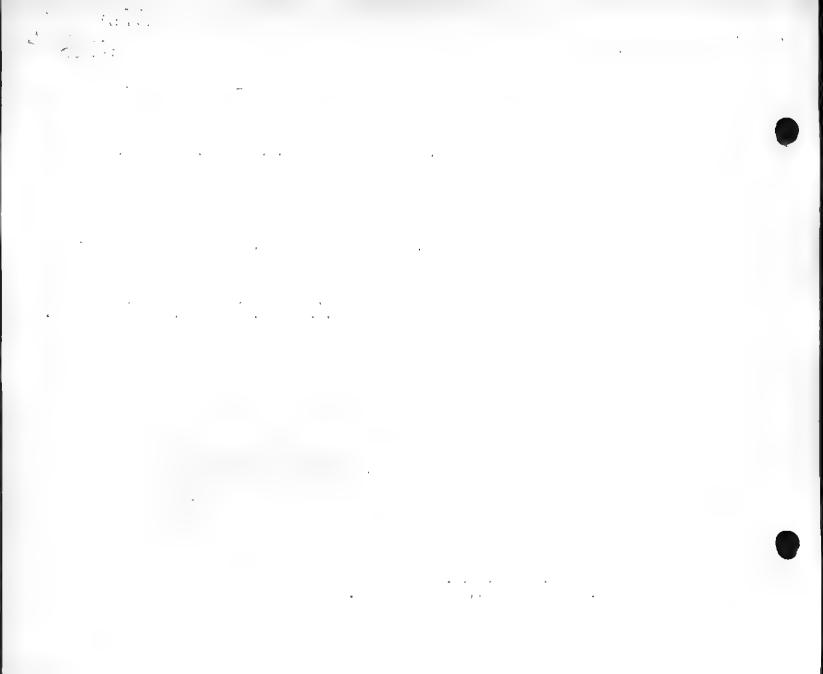
	07403		OI TITAL I	•	OF DEATH	The state of the s	0738	30	
1.	PLACE OF DEATH				2 USUAL RESIDENCE (V	Where deceosed lived, i		nce before admission)	7
	o. COUNTY	omico		MARYLAND	o. STATE	land	b. COUNTY	chester	
	b CITY OR TOWN (f outside corporate limit	5,	c LENGTH DE STAY IN 16	c CITY DR TDWN (If ou				
		l give nearest town)		5h0 days		ing Creek			
-		AL DR INSTITUTION (If n	nt n hospital		d. STREET ADDRESS	ing oreek		T e IS RESIDEI	
		r's Head S			None	•		ON A FAR	D 🏠
3	NAME OF	F	rst	Middle	Lost	4 DATE	Month	Doy Year	
	(Type or print)	TRI	INT	LEVIN	DOOLING	OF DEATH	5	9 1967	7
S	SEX	6. COLDR OR RACE	7 MARRIED	- The state of the	B DATE OF BIRTH	9 AGE (In	years IF NDER	1 YEAR FUNDER 2	4 HRS.
	F	W	WIDDWED	DIVORCED	Oct. 6, 188	lost birt	thdoy) Months	Doys Hours	Mın.
dui	o JSUAL DCCUPATION ring most of working Housewi	(Give kind of work done life, even if retired) LIC	10b K	IND OF BUSINESS DR NDUSTRY HOME	11. B.RTHPLACE (County Stevensvil		17	DUNTRY? USA	
	FATHER'S NAME	•	C. Jo		14. MOTHER'S MAIDEN I				
1S (Y	. WAS DECEASED EVE es, no, or unknown) No	R IN U.S. ARMED FORCES? (If yes give wor or dates	of service) 16.	SOCIAL SECURITY ND. 17. 142-22-5497A Mr	informant . Goerge D.	Dooling,	Address Fishing C	reek, Md.	
	Condit ons, if ony, rise to immed of stoling the under	e couse (o), {	(c) <u>Ur</u> (b) <u>Ch</u>	r (o), (b), ond (t)) emia ronic Pyeloneph	ritis Righ	t Kidne y		interval Betwonsti and Der Onsti and Der 2 Weeks Years	
NO							19 WAS AUTOP PERFORMED)?	
CERTIFICAT	Status Post Operative Nephrectomy Left Kidney 1941 200 ACCIDENT WAS UNDERLYING 200 ACCIDENT WAS UNDERLYING 200 CONTRIBUTING CLOSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)								
MEDICAL	20c T.ME DF INJURY Month, Doy, Yeor Hour o.m. p.m. 19 While Not While of work at work 19 work 19 Not While of work 19 Not While Not Wh								
21. I certify that (I) (this hospital) attended the deceased from November 15, 1965, to May 9, that (I) (we) los saw the deceased alive on May 9, 1967, and that death occurred at 5:44P M, from couses and on the date stated above									
229 SIGNATURE 129 SIGNATURE 120 DATE SIGNED 220 DATE SIGNED 221 DATE SIGNED 222 DATE SIGNED 223 DATE SIGNED 224 DATE SIGNED									
	22c. PHYSICIAN'S NAME (Type)	C. H. Wi	nnacott	M.D.	22d. ADDRESS Deer's He	ad State H	ospital,		_
23	o BURIAL, CREMATIC REMOVAL (Specify) 23b DATE TH	, 1967	23c NAME OF CEMETERY OR Dorchester Me	CREMATORY Emorial Park	23d LOCATION (C	ity or Town) dge, Mary	(County) (Sto	ite)
L	4 FUNERA. DIRECTO eCompte F	R uneral Ser	vice,	ADDRESS Cambridge, Mary	yland MAY 1	by registrar 5 1967	Clares	SKINATURE	



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT. 2 USUAL RESIDENCE (Where deceased lived, if institution. Residence before admiss on PLACE OF DEATH o COUNTY b. **EDUNTY** Maryland Wicomico Wicomico MARYLAND yd 2 with the State Department death c LENGTH OF STAY IN 16 c (ITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b CITY DR TOWN (f outside corporate limits, write RURAL and give nearest town) D.O.A. Salisbury Salisbury d NAME DE HOSPITAL DR INSTITUTION (t not in haspital, give street address) d STREET ADDRESS e S RESIDENCE ON A FARM? please execute the certificate, writing the word "pending" in pencil in Item 18 Give Pages 1, I director Page 4 should be forwarded to the Chief Medical Examiner's Office along with farm CILA 608 Smith St. DOA Peninsula General Hospital YES NO 🔀 This cert ficate should be executed within 24 hours ofter death DATE 3 NAME OF Month First Last ÔΕ DECEASED 5-15-67 DUFFY CLAUDE CARROLL DEATH (Type or print) 8 DATE OF BIRTH 9 AGE (In years 1F UNDER 1 YEAR S SEX 6 COLOR OR RACE 7 MARRIED (XI) NEVER MARR ED tost hinthdoy) Months Hours Min 1-15-95 Male WIDOWED D VORCED 11 B RTHPLACE (State or foreign country) 12 CITIZEN OF WHAT 100 JSUAL OCCUPATION (Give kind of work done during most of working life, even if retired) COUNTRY? Furniture Wicomico, Maryland 14 MOTHER'S MAIDEN NAME 13 FATHER S NAME event within 72 hours Alverta Johnson J. Samuel Duffy IS WAS DECEASED EVER IN U.S. ARMED FDRCES? 16 SOCIAL SECURITY NO 17 INFORMANT Address (Yes, no, or unknown) (If yes give war or dates of service) buriol-tronsit permit 220-10-9762 Mrs. C.C. Duffy See Sec. #2 18 CAUSE OF DEATH (Enter only one couse per line for (o) (b), and (t))
PART I DEATH WAS CAUSED BY ONSET AND DEATH Coronary occlusion IMMEDIATE CAUSE (o) DUE TO duy Conditions, if ony, which gove rise to immediate couse (a). = DUE TO stoting the underlying couse o 00 PART | OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM NA. DISEASE CONDITION GIVEN IN PART 1(o) 19 WAS AUTOPSY PERFORMED? be used cremotion, or removal, FICATION NO K 20a EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ 20b DESCRIBE HOW NURY OCCURRED (Enter noture of injury in Port or Part II of item 18) may be retorned for your files FUNERAL DIRECTOR: Poge 3 should MEDICAL EXAMINER: CAUSE OF DEATH (City or town) 20d INJURY OCCURRED 20e PLACE OF NJURY (Home form 20c TIME OF INJURY Month, Day Year Hour o.m. foctory, street, office bldg., etc.) Not While of work Inspection 🔯 21 | certify that I took charge of the remains described above, held an Autopsy ond in my opinion Undetermined monner Natural couses X. Accident deoth resulted from Suic de Homicide CHIEF MEDICAL EXAMINER prior to 22. DATE SIGNED ACTUAL ASSISTANT MEDICAL EXAM NER SIGNATURE May 16, 1967 L. Royer, Earl DEPUTY MEDICAL EXAMINER 5 may to FUNER Health Camden Ave., Salisbury, Md. NAME (Type) Address (Street city town or county) 23b DATE THEREOF 23c NAME OF CEMETERY DR CREMATORY 23d "OCATION (City or Town) 230 BUR AL, CREMAT ON, REMOVAL (Specify) Salisbury, M ryland 5-17-1967 Parsons Cemetery 25b REGISTRAR S SIGNATURE 250 RECD BY REGISTRAR 24 FUNERAL DIRECTOR VR A15ME (5) Hill Funeral Home, Salisbury, Md. Minley Jubge



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 07405 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived if institution Residence before odmission) b. COUNTY Wicomico a. COUNTY a STATE Page ō Maryland after death. Wicomico MARYLAND delay b CITY OR TOWN (f outside corporate limits, write RURAL and give nearest town) c CITY OR TOWN (f outside carporate limits, write RURAL and give nearest town) CLENGTH OF STAY IN 16 Salisbury Salisbury d NAME OF HOSPITAL OR INSTITUTION (finat in hospital give street address) d STREET ADDRESS IS RES DENCE ON A FARM? hours (Give Pages ate Peninsula General Hospital R.D.#1. (St. Lukes Rd. NO I 3 NAME OF Midd e 4. DATE DECEASED OF DEATH (Type or print) DANTEL MARVIN DYKES 1967 programa S SEX AGE (In years 6. COLOR OR RACE 7 MARRIED NEVER MARRIED 8 DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS. last birthday) Months Days Hours in Item 18 April 27, 1961 WIDOWED DIVORCED Male White 10a USUAL OCCUPAT ON (Give kind of work done 10b. KIND OF BUSINESS OR 1 BIRTHPLACE (State at fareign country) 12 CITIZEN OF WHAT during most of working life even first red) INDUSTRY COUNTRY? pages 1 In any Salisbury, Maryland ecute the certificate, writing the ward "pending" in penal in Page 4 shauld be farwarded to the Chief Medical Examiner's School none This certificate shauld be executed within 13 FATHER'S NAME 14 MOTHER'S MAIDEN NAME Marvin Hamilton Dykes File Deborah Anne Asplen Mr. Marvin H. Dykes (Father) IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO (Yes, na, ar unknown) (If yes give war ar dates of service) R.D. #1. St. Lukes Rd., Salisbury, Ma. 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b) and (c)) INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY O SET AND DEAT Б IMMEDIATE CAUSE (a) used as a burial-tr burial, crematian, DUE TO Canditians, if any, which gave rise to immediate cause (a). DUE TO stating the underlying cause PART II OTHER'S GMIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM NA. DISEASE CONDITION GIVEN IN PART 1(6) 19 WAS AUTOPSY PERFORMED? NO 3 0 **e** 200 EXTERNAL FALSE WAS PRIMARY ☐ OF CONTR BUTING □ 20b DESCRIBE HOW INJURY OCCURRED CAUSE OF DEATH 20c TIME OF New RY Month, Day Year (State) Not While factory argest office (Idq, etc.) FUNERAL DIRECTOR: Page While -12 19 C) at work 21. I certify that I taak charge of the remains described above, held an Autopsy Inspection [X] Inquiry and in my apinion the funeral director. Natural causes Accident Suicide | death resulted from Hamicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE DEPHITY MEDICAL CYAMINES Y ö Earl L. Royer M.D. fealth 409 Camden Ave. Salisbury, Md. NAME (Type) Address (Street, city, tawn, or county) 23c NAME OF CEMETERY OR CREMATORY 230 BURIAL, CREMATION, 23d LOCATION (City or Town) 50 REMOVAL (Specify) Wicomico Memorial Park Salisbury, Maryland Burial & COMPANY, SALISBURY, MARYLAND 24 FUNERAL DIRECTOR 2Sb (PUNISHAR & AGNA LINE A VR A15ME (5



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 07406 MEDICAL EXAMINER'S CERTIFICATE OF DEATH D664 PLACE OF DEATH 2 USUAL RESIDENCE (Where deceosed yed, if institution Residence before admission) o. COUNTY **b.** COUNTY o STATE Page Wicomico Wicomico Department of Maryland MARY, AND deloy b (ITY OR TOWN (f outside corporate limits, write RURAL and give nearest tawn) c C TY OR TOWN (If outside corporate imits write RURAL and give nearest town) c LENGTH OF STAY IN 16 Salisbury Salisbury afte d NAME OF HOSPITA, OR INSTITUTION (finot in hospital, a veistreet oddress) d STREET ADDRESS ON A FARM? hours in pencil in Item 18. Give Poges 1, form ne State L YES NO Peninsula General Hospital D.O.A. (St. Lukes Ad. R.D.#1 This cert ficate should be executed with n 24 hours after death NAME OF 4 DATE Lost Doy Widge DECEASED DYKES DEBORAH May (Type or print) ASPLEN) DEATH pholo E M S SEX B DATE OF BIRTH AGE (n veors IF UNDER 1 YEAR IF UNDER 24 HRS 6 COLOR OR RACE 7 MARRIED NEVER MARRIED last birthdoy) Months Days Haurs Female White WIDOWED DIVORCED May 28, 1937 29 any event l and 12 CITIZEN OF WHAT 10a USUA, OCCUPATION (Give kind of work done KIND OF BUSINESS OR 11 BIRTHPLACE (State or foreign country) 10b during most of working life, even if retired)
School Teacher COUNTRY? INDUSTRY Cambridge, Maryland USA forwarded to the Chief Medical Examiner's 13 FATHER'S NAME 14. MOTHERS MAIDEN NAME ≘ Florence Muriel Smith J. Hamilton Asplen pub 15 WAS DECEASED EVER NUS ARMED FORCES? 17 INFORMANT 16 SOC AL SECURITY NO Mr. Marvin H. Dykes (1105)
R.D.#1. St. Lukos Rd., Salisbury Ma
PNSEYANDPEATH or removal, (Yes no, or unknown) (If yes give war or dates of service) No 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b) PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) please execute the certificate, writing the word burial, cremation, DUE TO Conditions, if ony, which gove use to immediate couse (a), **DUE TO** storing the underlying couse 0 19 WAS AUTOPSY PART I OTHER SIGNIF CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) PERFORMED? þe 4 should be 200 EXTERNAL CAUSE WAS PR MARY To CONTRIBUTING 206 DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Portall of ogent, prior 3 should CAUSE OF DEATH 20d NJURY OCCURRED 20c TIME OF INJURY Month, Doy, Year PLACE OF NJURY (Home form, (County) Wh Not While factory, street, office blag, etc.) moy be retained for your FUNERAL DIRECTOR: Page ot work 19 (ot work 21 I certify that I took charge of the remains described above, held an Autopsy Inspection and in my opinion death resulted from: funeral director. Natural causes . Accident 4. Suicide Hamicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE O DEPUTY DEPUTY MEDICAL EXAMINER L. Royer, M. Camden Ave. Health Address (Street, city fown, or county) Salisbury, Ma. 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 230 BURIAL, CREMATION, (County) (Stote) 9 REMOVAL (Specify)
Burial Salisbury, Maryland Wicomico Memorial Park 24. FUNERAL DIRECTOR VR A15ME (5) & COMPANY, SALISBURY, MARYLAND 6M 1/66

VR A15 (4) 15M 4-64

	MAKILAND STATE DEFA	AKTIVIENT UF	REALIN	
DIVISION OF STATISTICAL	RESEARCH AND RECORDS, :	301 W. PRESTON	STREET, BALTIMORE 1,	MARYLAND
07/07	CERTIFICATE	OF DEATH	ርማ	204

	U4.334							
1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission)							
Wicomico MARYLAND	Delaware b. COUNTY Sussex							
b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)							
	Delman (1)							
Salisbury 4/27/67 d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	Delmar d, STREET ADDRESS e. IS RESIDENCE							
	ON A FARM?							
Peninsula General Hospital	R.D.#1, Stage Road YES NO							
3. NAME OF First Middle DECEASED	Last 4. DATE Month Day Year							
(Type or print) JOHN EMORY	ELLIOTT DEATH May 2 1967							
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (in years IF UNDER 1 YEAR (IF UNDER 24 HRS. last birthday) Months Days Hours Min.							
	January 3, 1885 82 yrs. 3 29 Hours Min.							
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INDUSTRY	11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT							
	Whitesville, Delaware USA							
(Retired) - Farmer Farming	Whitesville, Delaware USA 14. MOTHER'S MAIDEN NAME							
John L. Elliott	Mary Catherine Taylor							
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. (Yes, no, or unknown) (If yes give war or dates of service)	INFORMANT Lirs. Gladys Layfield (Law hter)							
No 221-14-4214	320 Princeton Ave., Salisbury,a.							
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN							
PART I. DEATH WAS CAUSED BY: Gangrene of colo	on onset and death days							
IMMEDIATE GASSE (a)								
Conditions, if any, which DUE TO Arteriosclerotic	cardio_waseular disease							
gave rise to immediate	gave rise to immediate							
Couse (u), Stating and	cause (a), stating the DUE TO							
underlying cause last. (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELE	ATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(8) 119. WAS AUTOPSY							
PARTITION HER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RECE	PERFORMED!							
Bleeding gastric ulcer.	YES A NO							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELEASE Bleeding gastric ulcer. 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING OCAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) COC. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 100. PLA factor of the p.m. 19 While at work 19	JRRED. (Enter nature of Injury In Part I or Part II of Item 18.)							
OR CONTRIBUTING I CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) N/A								
3 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLA	CE OF INJURY (Home, farm, 20f. (City or town) (County) (State) ry, street, office bldg., etc.)							
Hour a.m. While Not While p.m. 19 at work at work	ry, street, onice diug., etc.)							
	-27-67 19 to 5-2-67 19 that (I) (we) last							
ZI. I Cottil that the this hospital account the acceased non-	t death occurred at 5:15M, from the causes and on the date stated above.							
saw the acceased alive on 19 , and that	P							
1 //aul Cha	ATTENDING - MED. STAFF							
A.C. PHYSICIAN'S	D. PHYS. DIRECTOR PHYS. May 4 /1907							
NAME (Type) Dr. Earl L. Royer	_							
	409 Camden Ave., Salisbury, Maryland							
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETER	Y OR CREMATORY 23d. LOGATION (City, town or county) (State)							
Burial May 6, 1967 Charity Churc	h Cemetery Wicomico County 125a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE							
24. FUNERAL DIRECTOR ADDRESS	l and a d							
HOLLOWAY & COMPANY, SALISLURY, MARYLA.	DAMAY 5 1967 Charles Judge.							
	# 9 6							



DEPARTMENT OF HEALTH 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND DIVISION OF STATISTICAL RESEARCH AND RECORDS. CERTIFICATE OF DEATH shoul 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before edmission) . COUNTY homrs b. COUNTY by the and 2 death. MARYLAND b. CITY OR TOWN (if butside corporate limits, c. LENGTH OF STAY IN 16 c, CITY OR TOWN (If outside_corporate limits, write RURAL and give nearest town) þ write RURAL and givernearest town) after Ξ filled in executed within d NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give, street eddress) d. STREET ADDRESS completely papers. 3. NAME OF Middle DATE Month DECEASED OF (Type or print) DEATH and cor within SEX AGE (In years | IF UNDER 1 YEAR last birthday) 8. DATE OF BIRT MARRIED X NEVER MARRIED certificate be Months avent, WIDOWED DIVORCED [physician remove USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY country) 12. CITIZEN OF WHAT COUNTRY? done during most of werking life, even it retired) any 13. FATHER'S NAME please 14. MOTHER'S MAIDEN NAME .5 death attending and SOCIAL SECURITY NO. Then I 15. WAS DECEASED EVER IN U.S. ARMED FORCES? [Yes, pp. or unkown) (Hyesqive waterdales of service 17. INFORMANT removal or unkown) , (If yes give war or dates of service) The law requires that signed by the permit. 18. CAUSE OF DEATH |Enter only one cause pay-ine for (a), (b), and (c). attending physician. ö PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) cremation, **burial-transit** OT 3UD DIRECTOR: After this certificate has been 3 should be detached for use as the burial-tr Conditions, if any, which (b) gave rise to immediate cause **DUE TO** (a), stating the undarlying burial, ceuse last. PHYSICIAN: the hospital or PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY CERTIFICATION 5 8 prior 208. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Pert II of item 18.) Health (IF EITHER, NOTIFY MEDICAL EXAMINER) ATTENDING be retained by WEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e, PLACE OF INJURY (Home, farm, 1 20f. (City or town) (County) While factory, street, office bldg., etc.) 5 Not While Hour a.m. at work 19 at work State Dept. 1964. 21. I certify that [1] saw the deceased alive on..... AM. from the causes and on the date stated above. ... and that death occurred at OR YES 22e. SIGNATURE ATTENDING PHYS. DIRECTOR PHYS. O HOSPITAL death. Page 4 M.D. FUNERAL page with fi 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) filed v 23a. SURIAL, CREMATION, 23b. DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City 23c. town or county EMOVAL (Specify) O. E. G. 241 25Ь. **8Y REGISTRAR** REGISTRAR'S SIGNATURE

VR A15 (41) 20M 5-63, 1/3 comed

Day

Deys

. IS RESIDENCE ON A FARM? YES NO 14

19

INTERVAL BETWEEN ONSET AND DEATH

PERFORMED?

NO

(Steta)

DATE

(State)

SIGNED

YES

IF UNDER 24 HRS.

67



MARYLAND STATE DEPARTMENT OF HEALTH

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

OT LOO	CHIFICALE OF DEATH		01900
1 PLACE OF BEATH 3		there deceased lived, if institution	Residence befare admission) 🗸
a. COUNTY		yland b. COUNTYS	Somerset
b CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) C. LENGTH OF S		s de carparate limits, write RURAL a	and give nearest tawn)
Jalishury		own Rumbley	21859
d. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street address	d. STREET ADDRESS		e. 15 RES DENCE ON A FARM?
Peninsula General Hospita			YES NO Z
3 NAME OF DECEASED (Type or print) OTIS DESKEY	FRENCH	OF DEATH Manth	13 1967
5 SEX 6 COLOR OR RACE 7 MARRIED NEVER MA	ARRIED 8. DATE OF BIRTH	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	UNDER 1 YEAR OF UNDER 24 HRS
MALE WhitE WIDOWED DIV	ORCED 11/12/1893	73 yrs	
10a JSUAL OCCUPATION (Give kind of work dane during make weeking of retired) 10b KIND OF BUSINESS INDUSTRY	OR 11. BIRTHPLACE (County & Somerset	State, ar foreign country)	12 CIT.ZEN OF WHAT
13. FATHERS NAME Samuel E. French	14. MOTHER'S MAIDEN N. Minerva		
15. WAS DECEASED EYER IN U.S. ARMED FORCES? (Yes, na, ar unknawn) (If yes give war ar dates af service)		French; Rumbl	Ley,Md.21859
18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY:	ancreas.		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (o) C DUE TO	Le robe		
Canditians, if any, which gave) (b)			0,700,70
rise to immediate couse (a), stating the underlying cause DUE TO			
lost. (c)			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMINAL DISEASE CON	DITION GIVEN IN PART 1(a)	19 WAS AUTOPSY PERFORMED? YES NO
200 ACCIDENT WAS UNDERLYING [] OR CONTRIBUTING [] CAUSE OF DEATH (IFEITHER, NOTIFY MEDICAL EXAMINER) 200. TIME OF INJURY Month, Doy Year Hour a.m. 200. Not While Not While	RY OCCURRED. (Enter nature of injury in P	art I or Part II of item 18.)	
20c. TIME OF INJURY Manth, Day Year Hour a.m. 19 20d INJURY OCCURRED While at wark at supwork	20e. PLACE OF INJURY (Home, fagns, factory, street, afficia bidg., etk.)	20f. (City or town)	(Caunty) (State)
p.m. 19 atwark a atwark 21 I certify that (I) (this haspital) attended the decec	read from 5 1/2/1	96/to 5/13	/19 6 /that (I) (we) las
saw the deceased glive an 5/3/196	22-7110111	67 28 7	an the date stated above
22a. SIGNATURE		MED. STAFF	22b. DATE SIGNED
22c. PHYSICIAN'S OSWALD J. BU	RTON 22d. ADDRESS		
	CEMETERY OR CREMATORY	23d LOCATION (City or Town)	(Caunty) (State)
	nount Cemetery	Fairmount; Son	merset; Md.
20 FUNERAL DIRECTOR ADDRESS Prince	ss Anne.	PY REGISTRA 967 25b PERM	BARY SMATHERINE

* Committee of the last O HOSPITAL OR ATTENDING PHYSICIAN: The faw requires that the death certificate be executed within 24 haurs after death. **TO FUNERAL DIRECTOR:** After this certificate has been signed by the attending physician and comparely filled in by the ful director, page 3 should be detached for use as the burial-transit permit. Then please remaye carbon papers. Pages I should be filed with the State Dept. of Health prior to burial, crematian, or removal, and in any event, within 72 hours after Page 4 may be retained by the haspital ar attending physician.

VR A15 (4) 20 M 1/66



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 07410 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 hours after death. 2 USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission PLACE OF DEATH Wicomico o. COUNTY o. STATE **b** COUNTY Delaware Kent MARYLAND filled in by the fu a papers. Pages b CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c LENGTH OF STAY IN 15 c CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town) hours Smyrna Salisbury e IS RESIDENCE ON A FARM? d STREET ADDRESS d NAME OF HOSP TAL OR INSTITUTION (If not in hospital, give street address) Peninsula General Hospital YES NO 3 NAME OF Last 4 DATE Dov Year DECEASED DEATH 2 (Type or print) 5 SEX 8 DATE OF BIRTH AGE (n/vears last bythaay) IF JNDER 1 YEAR I IF UNDER 24 HRS 6. COLOR OR RACE 7 MARRIED NEVER MARRIED remove Months Days Haurs WIDOWED DIVORCED physician and c March 6. 1886 White Male 10a SUAL OCCUPATION (Give kind of work dane 12 CITIZEN OF WHAT 10b KIND OF BUSINESS OR 11 BIRTHPLACE (County & Stote, or foreign country) during most of warking life, even if retired) **COUNTRY?** INDUSTRY Noeth Carolina
14. MOTHER'S MAIDEN NAME Farmer Farming LISA 13. FATHER'S NAME John Edmond Furches Rebecca Grier attending poermit. The 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT Rev. Roy Furches, Box 125, Mardela Springs, (Yes, no, or unknown) (If yes give wor or dates of service ŏ INTERVAL BETWEEN CAUSE OF DEATH (Enter only one cause peg line fag (a), (b), and (c) the signed by the burial-tronsit PART I. DEATH WAS CAUSED BY ONSET AND DEATH IMMEDIATE CAUSE (a) physician DUE TO Conditions, if any, which gave nse to immediate cause (a), DUE TO stating the underlying cause as the has been last. 19 WAS AUTOPSY PART II ATHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II(a). PERFORMED? NO O FUNERAL DIRECTOR: After this certificate 200 ACC DENT WAS UNDERLYING [20b. DESCRIBE HOW INJURY OCCURRED (Enter natural of injury in Port I or Port II of item 18) OR CONTRIBUTING CAUSE OF DEATH detoched (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, 20c TIME OF INJURY Month, Day, Year 20f (City or town) (County) (State) factory, street, office bldg., efc.) Hour o.m. Not While at wark at work 21. I certify that (I) (this haspital) attended the deceased from should and that death accurred at ADAM, from causes and an the date stated above saw the deceased alive an. 22o SIGNATURE 22b DATE SIGNED **ATTENDING** STAFF PHYS. M.D May 20, 1967 PHYS DIRECTOR pode 22d ADDRESS 22c PHYSICIAN'S NAME (Type) J Burton Medica director, should Pamily Cemetery (Private)
West Jefferson Poge 4 DATE THEREOF 23d 10CATION (City or Town) (County) (State) 230 BURIAL, CREMATION, REMOVAL (Specify)
Burial Jefferson, N. C. 1967 May 22. ADDRESS 2Sb. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR

HOLLOWAY & COMPANY, SALISBURY, MARYLAND

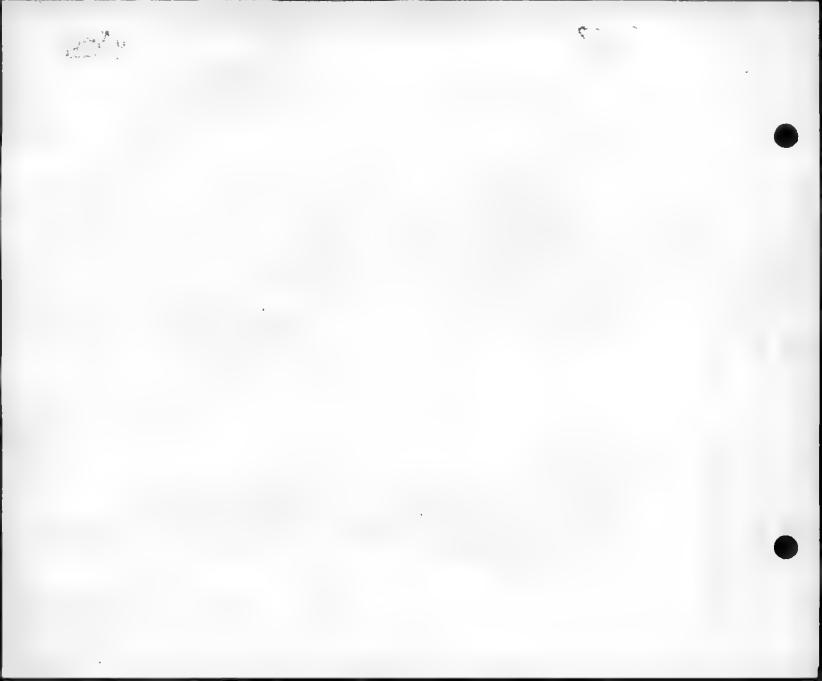
Icharles Judge

VR A15 (4) 20 M 1/66



MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

North State of					, -	, , , , , , , , , , , , , , , , , , , ,	• •
7. 8.			07411	CERTIFICATE OF	DEATH	673	87
ta le la			PLACE OF DEATH	2. USU	JAL RESIDENCE (Where o	deceased lived, if institution Residence	e before admission)
9 9 9			COUNTY Wicomico	0. 5	MEANIN	b. county/	A TITE
# 1 2 1 E		-		MARYLAND C CITY	OR TOURING SE SOURCES	proporate mits write RURAL and give	CESTER
th the			write RURAL and give nearest town) DALIS DULY	STOP SIAS IN 10	OK TOWN (III pusside ti	inpolore mins wille kokat and give	nedlesi lowii;
aurs after death by the funeral Pages 1 and nours after death					105RL	1 14	
구 도본문			d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street	t address) d STR	EET ADDRESS	N 6	B IS RESIDENCE ON A FARM?
that the death certificate be executed within 24 haurs after death an. by the attending physician and campletely filled in by the funeral transit permit. Then please remave carban papers. Pages 1 and 2 crematian, ar remaval, and in any event, within 72 haurs after death	MA		Peninsula General	Hospital	ST, MA	RTING R.D.	YES NO
さまず 計		3	NAME OF First	Middle	Lost 4 D	ATE Month	Doy Year
l w etel arb			OFCEASED (Type or print) RUTH MA	DDOX G1	LL155 0	FEATH MAV	26 1967
npl e c	-	18	SEX 6 COLOR OR RACE 7, MARRIED N	EVER MARRIED [8. DATE	OF BIRTH		YEAR IF UNDER 24 HRS
G CG V		定	EMALE VI WIDOWED IN	DIVORCED TO MI	W28, 189	lost birthdoy) Months	Doys Hours Min.
e pure	7		SUAL OCCUPATION (Give kind of work done 10b KIND OF B	USINESS OR 11. BII	RTHPLACE (County & State		IZEN OF WHAT
o in pe	-		ng mast af working life, even if retired) INDUSTRY			1 1 (01	JNTRY?
icio lea an		12	FATHER'S NAME	1- 07P 1DH	HEPPARDS	TOWN MINE	0,524
tific hys		13.	- M	14. 70	OTHER 3 MARGEN HARRE	F	
cer g p			EWELL FIADDOX		LARISS	A DERR	
를 불다릴		15.	WAS DECEASED EVER IN L. S. ARMED FORCES? 16 SOCIAL S., 16 O) LINKHOWN) (If yes give wor or dotes of service) 16		ANT	Address	1/7
ie death cei attending p permit. The		(7-3	1-2142 KD3	31NS (F1.	LLISS DEPU	UN 1"/0
he all		-	18. CAUSE OF DEATH (Enter only one couse per ling for (a), (b),	and (c)) (10 .00	/.	INTERVAL BETWEEN ONSEP AND DEATH
the the ratif			PART I DEATH WAS CAUSED BY. IMMEDIATE CAUSE (6)	neuras 1	Tabout a	elcon.	ONSEP AND BEATH
trantran			DUE TO	1. 11	. 0	. 0	4.
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equire; physic signed burial			rise to immediate couse (a), (DUT TO		11 0	\wedge	11-11
			storing the underlying couse (c) Atter	welerste	Hear	Disease	Not known
The law ratending that been see of the the oriento			PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH	DUT NOT DELATED TO THE TERM	HILL DISTACE CONDITION	CU/EN IN DADT I/o	19 WAS AUTOPSY
The ratte e has a se c	+ q	80	PART IT OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH	BUT NOT KETATED IN THE TERM	VINAL DISCASE CONDITION	OIVEN IN PART 1(0)	PERFORMED?
		3					YES NO L
		CERT F.CATION	206. DESCRIBE F OR CONTRIBUTING □ CAUSE OF DEATH	OW INJURY OCCURRED (Enter no	oture of injury in Port I o	or Port II of item 18.)	
HYSICIA haspital certific sched fa		33 7	(IF EITHER, NOTIFY MEDICAL EXAMINER)				
the haspi this certi detached		MEDICAL	20c TIME OF INJURY Month, Day, Year 20d INJURY Of Hour om. While N		JURY (Hame, form,/ it, affice.olda , etc.)	20f (City or town) (Cou	inty) (State)
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Py by Sto			21. I certify that (i) (this haspital) attended the		2 // 0/19 0	/_ta //66/ 196	that (I) (we) la
R: Ved		l	saw the deceased alive an a 5/20/	196 and that death	r occurred at 3 \$	3 M, fram/causes and an th	ne date stated abov
retain ECTOR S shou			22o. SIGNATURE			22b. D/	ATE SIGNED
IAL OR ATTENDING PHYS asy be retained by the hasy AL DIRECTOR: After this cen page 3 should be detache efiled with the State Dept.		H	1 A TOTAL	M.D PHY	ENDING MED.	TOR PHYS.	
			22c. PHYSICIAN'S		d. ADDRESS		
RAI P			NAME (Type)				
O HOSPITAL Page 4 may O FUNERAL I directar, pag		23.	BURIAL, CREMATION, 23b DAJE THEREOF 23c	NAME OF CEMETERY O R CREMATO	PRY 23	ld. LOCATION (City or Town)	(County) (State)
O HO Page O FUN Shaul		1.01	REMOVAL/Specify) 5-12-9/17	3	11 4 14	BIERLING L	I was Man
5-5-0	DA	2		AUDDECC .	2So. REC'D BY R	117 - 1-11	GNATURE
VR A15 (4)	1/2	1	As Bull	Beiling M	DATEJUN 2	1967 William	en Judges
20 M 1/66			The state of the s	I TOWN I'V	W I DATE LULY /	1001 /	V / /



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 07412 within 24 haurs after death afterdeath. and 2. USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) and completely filled in by the funeral remave carbon papers. Pages 1 and 1 PLACE OF DEATH o. COUNTY Wicomico MARYLAND c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b CITY OR TOWN (If autside carparate limits, c. LENGTH OF STAY IN 16 haurs e IS RESIDENCE ON A FARM? d NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS within 72 Peninsula General Hospital NO [7] YES 4 DATE NAME OF First Middle Month Day Year DECEASED OF DEATH 19 (Type or print) 0 executed and in apprenent IF UNDER 1 YEAR IF JNDER 24 HRS SEX AGE (In years 6 COLOR OR RACE DATE OF BIRTH 7. MARRIED **NEVER MARRIED** Months burthday) Hours WIDOWED DIVOR CED 10a USUAL OCCUPATION (Give kind of work done 12. CITIZEN OF WHAT 10b KIND OF BUSINESS BIRTHPLACE (County & State, or Jareign country) requires that the death certificate be please during most of working life, even if retired) COUNTRY 2 physician 13. FATHER'S NAME USENIFE 14. MOTHER'S MAIDEN NAME remayal, signed by the attending phy burial-transit permit. Then burial, crematian, ar remava WAS DECEASED EVER IN U.S. ARMED FORCES? SOCIAL SECURITY NO INFORMAN1 (Yes, ng. ar unlengwn) (If yes give war ar dates of service INTERVAL BETWEEN CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c). PART I DEATH WAS CAUSED BY ONSET AND DEATH culbul IMMEDIATE CAUSE (a) Page 4 may be retained by the haspital ar attending physician. DUE TO Canditians, if any, which gove rise to immediate cause (a) DUE TO stating the underlying couse as the priar to TO FUNERAL DIRECTOR: After this certificate has been ATTENDING PHYSICIAN: The law last. WAS AUTOPS'
PERFORMED? II OTHER SIGNIFICANT CONDITIONS CONTRIBLTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(c) director, page 3 shauld be detached far use shauld be filed with the State Dept. af Health YES 🔀 add bladder 20g. ACC DENT WAS UNDERCYING 205. DESCRIBE HOW INJURY OCCURRED, (Enter politics of injury in Part 1 or Part 1 of Item 18.) OR CONTRIBUTING CABSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Manth, Day, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Hame, form, (City ar town) (County) (State) factory, street, affice blda., etc.) Hour o.m. While Not While at wark 19 67, to 5-28-, 19 67 that (1) (we) last 21. I certify that (1) (this hospital) attended the deceased fram. shauld - 1967, and that death accurred at 410PM, fram causes and on the date stated above saw the deceased alive an 5-78 22b. DATE SIGNED 22o. SIGNATURE DIRECTOR PHYS. PHYS 22d. ADDRESS 22c PHYSICIAN S NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23g BURIAL (REMATION DATE THEREO! LOCATION (City or Town) (County) (Stote) **ADDRESS** 2Sa. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTO VR A15 (4) 20 M 1/66 DATE



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

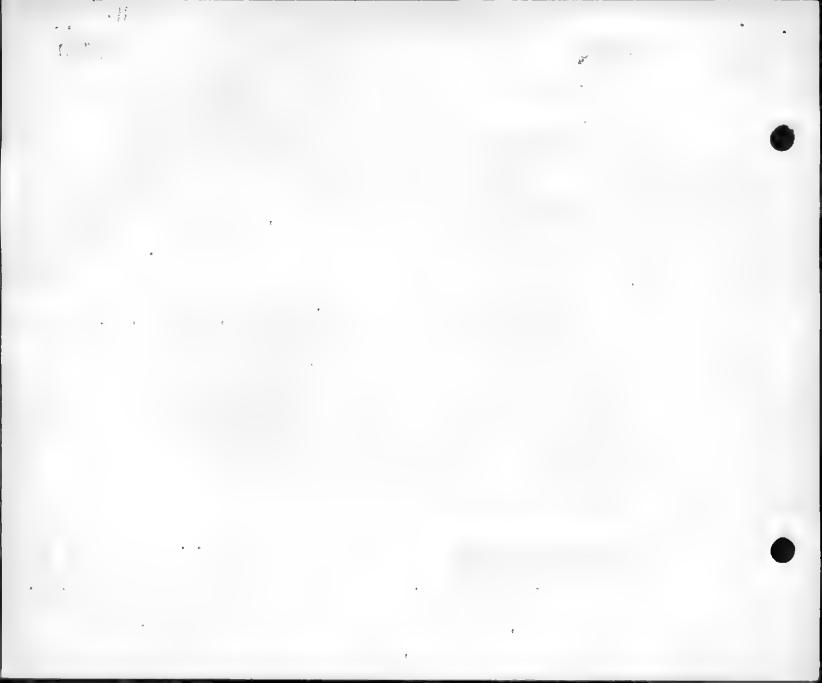
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CERTIFICATE OF DEATH

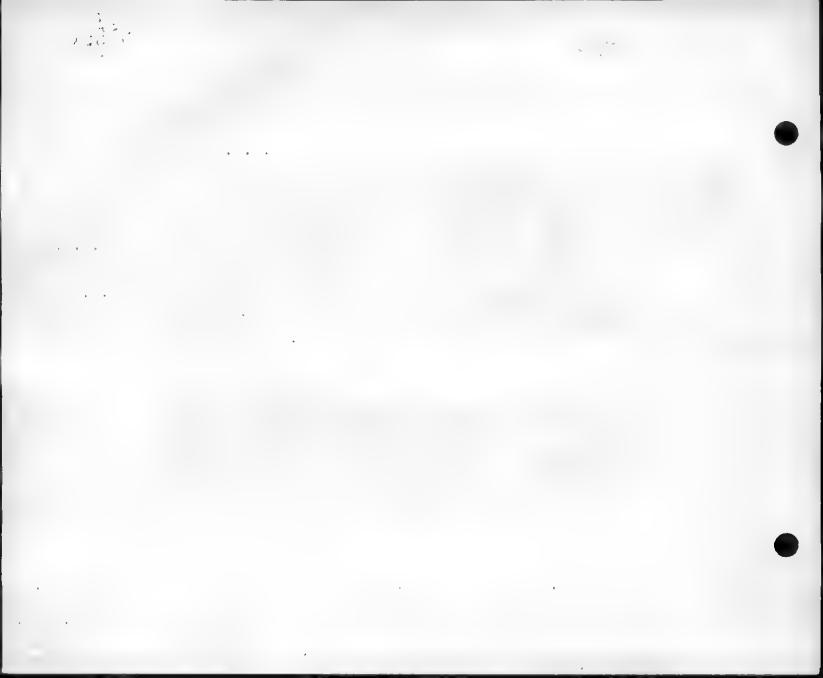
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L	0.441	D .		CERTIFICATE	OI DEATH			•••			
V	1. PLACE OF DEATH					there deceased lived, if institution		e admission)			
l	o. COUNTY	icomico		MARYLAND	o STATE Mary	land b. COUNT	Y Wicomi	co			
ľ	b. CITY OR TOWN	(f outside corporate limits,		c LENGTH OF STAY IN 16	CITY OR TOWN (If out	ts de corparate limits, write RURA	L and give nearest	t tawn)			
	Salisbu	nd give nearest town)		9 days	Salisbu	iry.	1 1	2			
	d. NAME OF HOSP	TA. OR INSTITUTION (If not Head State	n haspita, g Hospit	ive street address)	d STREET ADDRESS 505 Anne	Street		B IS RESIDENCE ON A FARM? YES NO K			
-	3 NAME OF	First		Middle	Last	4 DATE Month	Doy	Year			
	DECEASED (Type ar print)	Jam	es	Henry	Hitch	OF DEATH May	5	19 67			
	S SEX		7 MARRIED	NEVER MARRIED	B. DATE OF BIRTH		IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS			
	Male	White	WIDOWED	DIVORCED	March 21. 19	903 6/2 Yrs	1 1/4	म्यवाउ म्ब्रगाः			
1	10a USUAL OCCUPATION	N (G ve kind of work done		ND OF BUSINESS OR DUSTRY	11. BIRTHPLACE (County 8	State or fareign country)	12 CITIZEN OF COUNTRY?				
	Truck Dr		Cha	uffer	Somerset	t County, Ma.	USA				
	13 FATHER'S NAME				14 MOTHER'S MAIDEN N						
	(Unk.)				Lena Hitch	n					
		ER IN U.S ARMED FORCES? ((If yes give war ar dates of s			INFORMANT	Address					
	Yes	WW I	er vice y	t t	os Anne Str	. Hitch (Wife)	B# -				
18. CAUSE OF DEATH (Enter only one cause per line lar (a), (b), and (c).) PAPT IN SATH WAS CAUSED BY.											
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	500X	DUE TO	0	no.							
	Canditians, if an)								
ŀ	stating the und)								
	last) (c)								
21.0	PART II OTHER			O DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CON	DITION GIVEN IN PART 1(a)	19	WAS AUTOPSY PERFORMED?			
100	Ā Ai	rterioscleros					YE	ES 😿 NO 🗌			
N. A.	20a ACCIDENT W	AS UNDERLYING □ G □ CAUSE OF DEATH	206 DES	SCRIBE HOW INJURY OCCURRED	(Enter noture of injury in P	Part or Part II of item 18)					
1	(IF EITHER, NOTIF	Y MEDICAL EXAMINER)		N/A							
1	20a ACCIDENT WORK ON CONTRIBUTING (IF EITHER, NOTIF	JURY Manth, Day, Year	20d IN	JURY OCCURRED 20e PLA	.CE OF INJURY (Home, farm, tary, street, office bldg., etc.)		(County)	(Stote)			
	F	m. 19	ot wark	at wark							
			rai) arrena	iea ine deceasea iram		9 67 to May 5					
			1ay 5	19 <u>_67</u> , and tha							
	22a SIGNATURI	miti	(//		ATTENDING	MED. STAFF	22b. DATE SIGNI				
	22c. PHYSICIAN	merca	uu	M.J	D PHYS. LJ (DIRECTOR PHYS.	5/8/6	<u> </u>			
	NAME (Typ		chell,	M.D.	Deer's He	ead Hospital; S	alisbur	y, Md.			
-	230 BURIAL, CREMAT	ION, 23b. DATE THER	EOF	23c NAME OF CEMETERY OR		23d. LOCATION (City or Town					
	REMOVAL (Special Burial			Parsons Cemet		Salisbury		' ' '			
1	24 FUNERAL DIRECT	OR		ADDRESS	2\$a. RFC'D	BY REGISTRAR 256 REGI	STRAR 5 SIGNATUR	RE			
	HOLLOW	AY & COMPANY	SALT	SBURY, MARYLAI	WAN I MAY	o test vo	Carles V	udar.			

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the Inath certificate be executed within 24 haurs after death TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached far use as the burial-transit permit. Then please (embagaraban papers. Pages 1 and should be filed with the State Dept. at Health priar ta burial, crematian, ar removal, and in any event, within 72 hours affected and the contraction of the contracti Page 4 may be retained by the haspital or attending physician. VR A15 (4) 25M 1/67



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH mithin 24 hours after death 2 USUAL RESIDENCE (Where deceased leved, if institution. Residence before admission) campletely filled in by the funeral nave carbon papers. Pages 1 and PLACE OF DEATH o. COUNTY **b** COUNTY o. STATE Marvland Worcestery Vicomico MARYLAND CITY OR TOWN (f outside corporate limits, write RURAL and give nearest town) c LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate writs, write RURAL and give nearest town) 12 days Rural-Pocomoke City Salisbury e IS RESIDENCE ON A FARM? d STREET ADDRESS d NAME OF HOSPITAL OR INSTITUTION (If not in baspito, give street address) R.F.D. YES TEX NO Peninsula General Hospital 4. DATE 3 NAME OF Year DECEASED 196 requires that the death certificate be executed IF UNDER 24 HRS 5 SEX 7 MARRIED DATE OF BIRTH AGE (n year remove lost birthday) Months Days 20,1900 WIDOWED DIVORCED March 12 CITIZEN OF WHAT 10b KIND OF BUSINESS OR COUNTRY? during most of working life, even if retired)
Farmer Farming Maryland 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Anna Lee Ward Denard Wesley Holland Address R. F. D. 16. SOCIAL SECURITY NO 17 INFORMANT 214-12-6748 Mrs Evelyn Holland, Pocomoke City, Md signed by the atter burial-transit perm burial, crematian, a IB. CAUSE OF DEATH (Enter only one cause per fine for (o), (b); and (c). PART I. DEATH WAS CAUSED BY-IMMEDIATE CAUSE (a) DUE TO Canditions, if any, which gove : nse to immediate cause (a), **DUE TO** stating the underlying couse PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY PERFORMED? NO T O FUNERAL DIRECTOR: After this certificate 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20e PLACE OF INJURY (Home, form, (City or town) 20d. INJURY OCCURRED (County) (Stote) 20c. TIME OF INJURY Month, Day, Year factory, street, office bldg., etc.) Hour o.m. Not While ot work 196 21. I certify that (1) (this haspital) attended the deceased from 19 6 PMM, from couses and on the date stated above. and that death occurred at 2 sow the deceased alive on / 22b. DATE SIGNED 220 SIGNATURE M.D. 22d. ADDRESS 22c. PHYSICIAN'S J. BURTON, M.D. director, po shauld be f Medical Center, Salisbury, Md. NAME (Type) 23b. DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) 230 BURIAL, CREMATION. Burial (Specify) Pocomoke City, Wor., Md. Goodwill Methodist -5-1967 FUILERAL DIRECTOR 250. REC'D BY REGISTRAR VR A15 (4)1 20 M 1/66 Milanean Judge Pocomoke City, Md. DATE MAY 8

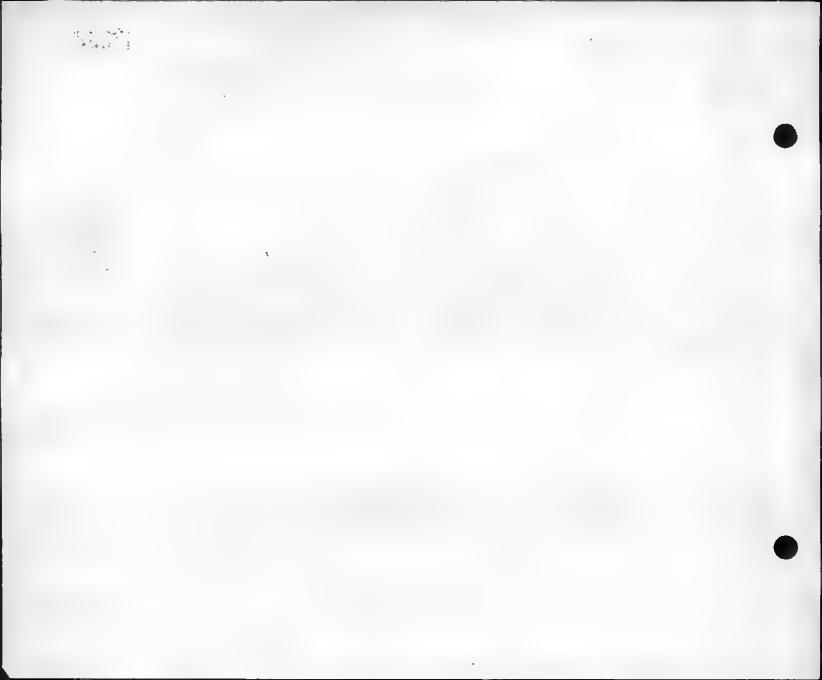


MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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eat eat		PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) 5. COUNTY 5. COUNTY
- A-A-		o county state of the county o
是 (军是军)		CITY OR TOWN (If outside corporate limits, (LENGTH OF STAY IN 1b) (CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn) write RURAL and give nearest tawn)
S 200		301 isbury SALISBURY
ho in b irs.		I. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e IS RESIDENCE ON A FARM?
filled in popers.		Peninsula General Hospital LEMON HILL
rithin (NAME OF First Middle Last 4 DATE Manth Doy Year
ccuted with completely f everythen event, with		Type or print) EdiTH VIRGINIA Honner DEATH May 12 1967
de de de	S.	In the State Days House Man
S S E E		Female white widowed or DIVORCED 1 Teba4, 1888 79000000 1
and and rem in an	10o	USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, at fareign country) 12 CITIZEN OF WHAT COUNTRY?
icate b sician please , and i		MOUSEW/18 OWN HOME MARGENIO U.S.N.
ysi of o	13.	FATHER'S NAME
th certiff ling phy Then remavo		J. Robert Jones Susen BLoodsworth
e deoth certificate b attending physician sermit. Then please on, or remavol, and i		WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT 2 Page 14. Social Security No.
attendi permit. on, or re	Ĺ'''	s, na, or unknown) (If yes give war ar dates of service) UNKNOWN JOHN B, PARSONS Records
		18. CAUSE OF DEATH (Enter only one couse per line for (a), (b) and (c)) PART I, DEATH WAS CAUSED BY NTERVA, BETWEEN ONSET AND DEATH
thot ton. by the ronsit remote		IMMEDIATE CAUSE (0) - Emphysema. Dilateral Ineumo Morax
MA TO THE TOTAL TO		1 DUE TO 10 1
quim physid signec burial buriol		Conditions, if any, which gave (b)
		stoting the underlying couse Dur 10
low rading been s the ior to		lost. (c)
he latter	8	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19 WAS AUTOPSY PERFORMED?
AN: The ol or att irrate ho for use Heolth i	CAT	YES NO
古产 海 一年	CERTIFICATION	20s ACCIDENT WAS UNDERLYING D 205 DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 1B.) OR CONTRIBUTING D CAUSE OF DEATH
PHYSIC ne hospi his cert etoched Dept. o		(IF EITHER, NOTIFY MEDICAL EXAMINER)
this this et on Del	MEDICAL	20c TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e PLACE OF INJURY (Hame, farm, Haur a.m. 20f (City ar town) (Caunty) (State)
NG the ter to the de	2	p.m. 19 at wark — at wark —
NDI d pd d pd d p		21. I certify that (1) (this haspital) attended the deceased fram 4.24, 1967, ta 5.72, 1967, that (1) (we) la
TOR:		saw the deceased alive an 5 2 1967, and that death accurred at 3 42 PM, from causes and an the date stated above 220 SIGNATURE 2 22b. DATE SIGNATURE
wis with		220 SIGNATURE AND ATTENDING MED DIRECTOR DIPHYS 5-12-67
L OR v be v DIRE		20 BUYGITAN'S
TO HOSPITAL OI Poge 4 may be TO FUNERAL DIR director, page should be filed		NAME(Type) NABIL F. WARSAL Dannsula Gen. Hosp.
e 4 august and a graph of a graph	230	BURIAL CREMATION, 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (Gity or Town) (County) (State)
O HOSPIT Poge 4 m O FUNER, director, should be		BENOVE 19941 5-15-1967 Asbuy Cemeters Sort Vernon, mol.
(10)	24	FUNERAL DIRECTOR ADDRESS 250. REC'D BY REGISTRAR 256 REGISTRAR'S SIGNATURE
VR A15 (4) 20 M 1/66		Hill Puneral Home Salisby, md! DATMAY 16 1967 & Charles Judge
	_	

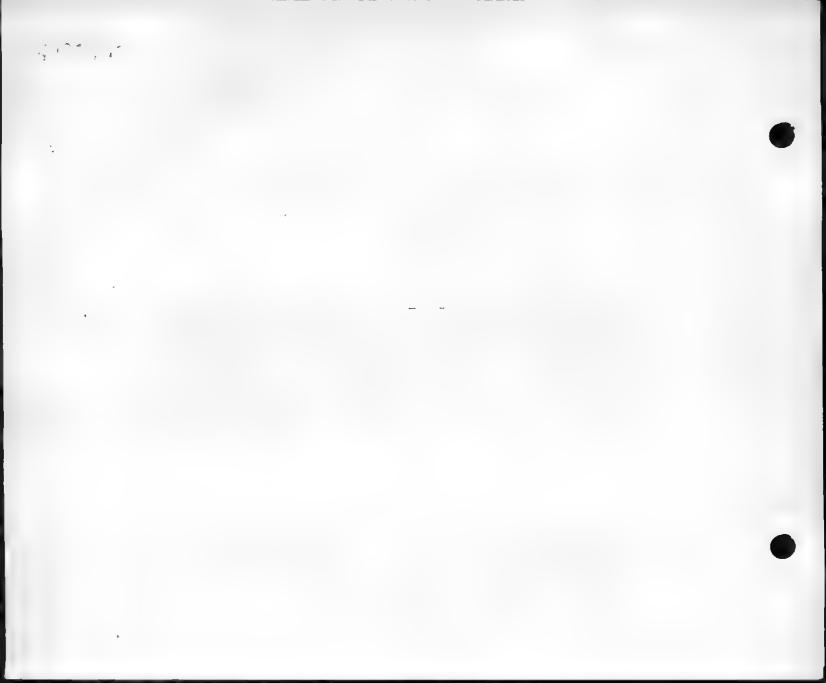


TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in an expect within 72 hours after death. purs after lleath. TO HOSPITAL OR ATTENDING PHYSICIAN: The Liw requires that the death certificate be executed within Page 4 may be retained by the hospital or attending physician. y.

> VR A15 (4) 15M 4-64

maryland state department of Health division of statistical research and records, 301 w. preston street, baltimore 1, maryland 07410 CERTIFICATE OF DEATH 07392

1. PLACE OF DEATH e. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission)						
Wicomian	a. STATE b. COUNTY Wicomico						
	Maryland Wicomico c. CITY OR TOWN (If outside corporete limits, write RURAL and give nearest town)						
write Rijral and give nearest town)							
d, NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address	Willards d. STREET ADDRESS e. IS RESIDENCE						
	ON A FARM?						
XX	RFD YES NO						
3. NAME OF First Middle DECEASED	Last 4. DATE Month Day Year						
(Type or print) George Fran klyn	Hudson DEATH May 29, 1967 19						
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years FUNDER 1 YEAR FUNDER 24 HRS. last birthday) Months Days Hours Min.						
Male White WIDOWED DIVORCED							
10a. USUAL OCCUPATION (Give kind of workdone 10b, KIND OF BUSINESS OR	11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT						
during most of working life, even if retired) Farmer Own Farm	Maryhand Country?						
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME						
John Hudson	177.4 17						
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY ND. 17.	INFORMANT Address						
(Yes, no, or unkown) (If yes give war or dates of service)							
xx xx 214-52-0191	Ressie Hudson Willards, Md						
18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c),]	MYTERVAL BETWEEN ONSET AND DEATH						
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Musican de te	a Chronic Sofri						
DUE TO							
Conditions, if any, which to the conditions of t							
gave rise to immediate (
underlying cause last. (c)							
	ATER TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) [19. WAS AUTOPSY						
& blad short is a hartite drawn	thethere mastery constraince YES NO NO						
20a, ACCIDENT WAS UNDERLYING II 20b. DESCRIBE NOW INJURY OC	CURRED. (Enter nature of injury in Pert I or Part II of Item 18.)						
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RE 200. ACCIDENT WAS LINDERLY LING. 120b. DESCRIBE NOW INJURY OCCUPANTIBLE THERE, NOT IFY MEDICAL EXAMINER)	Different (Suites section as fullwish the same of a section of training and						
	ACE OF INJURY (Home, farm, 1, 20f., (City or town) (County) (State)						
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. Pl Hour a m. White Not While fac p.m. 19 at work at work	ACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) tory, street, office bidg., etc.)						
p.m. 19 at work at work							
21. I certify that (I) (this hospital) attended the deceased from 1	96 4 19 to 5-29 1967, that (1) (we) last						
saw the deceased alive on $5-29-1967$, and the	at death occurred at AM, from the causes and on the date stated above.						
22a. SIGNATURE	22b, DATE SIGNED						
Transferred M	D. ATTENDING MED. MED. STAFF DIRECTOR DIRECTOR PHYS.						
22c. PHYSICIAN'S	22d. ADDRESS						
NAME (Type) FRAH LEWIS	Milaras mansfand						
23a, BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETE	RY OR CREMATORY 23d. LOCATION (CIty, town or county) (State)						
MENOVALI (Spacity) 6/1/67 New Hope	Willordo med						
24. FUNEBAL DIRECTOR / // / ADDRESS	25a. REO'D BY REGISTRAF 250. RELLETRAR'S SIGNATURE						
Hill Whale I lle a Ol a	2.0 JUN 2 1961 Junes Judge						
many rucy survey we	DATE						



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CHODS

FOR STATE HEALTH DEPT.

INDEPLITY ME. "AL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary gless execute the certificate, writing the ward 'pending' in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be farwarded to the Ch of Medical Examiner's Office along with farm. Pilli Pinge 5 may be retained far your files.

Heath priar to burial, cremation, or remayal, and in any event within 72 hours after death.

MEDICAL EVAMINED'S CERTIFICATE OF DEATH 4 77

		04814	MEDICAL EXAMINER'S CERTIFICATE OF DEATH 10/1595											
		PLACE OF DEATH					2 USUAL RESIDENCE	(Where deceased			before c	odmissio	n) ,	
	(COUNTY	Wicomic)	M	ARYLAND	o. STATE Per	nna.	P (ON	MIY Del	awaı	re	1	
	ŀ	CITY OR TOWN (f outside corporate limit	5,	c. LENGTH OF STA	AY IN 1b	c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)							
/		"Salis	Bury town)					Linwood	L	2	5			
			AL OR INSTITUTION (IF II	ot in hospital,	give street oddress)		d. STREET ADDRESS					IS RESID ON A FA		
		Peninsu	la Gen. I	losnit	al		812 PT	easant			YES	S 🔲	NO 🚰	
		NAME OF DECEASED (Type or print)	John ^f	rst	Paul Middle		ighes	4 DATE OF DEATH	May	3	ODoy	- 11	67	
	5 9	M M	6. COLOR OR RACE	7. MARRIED WIDOWED	NEVER MAR		Sept.23,	1 .	GE (In years of birthdoy) yrs	F UNDER 1 Months		Hours Hours	24 HRS Min	
	10o duri	USUAL OCCUPATION FOR END	I (Give kind of work done life, even if retired)	IDE K	IND OF BUSINESS OF BUSINESS OF RESERVED IN THE PROPERTY OF THE	R	11 BIRTHPLACE (Sto		ry)	(OU	ZEN OF WINTRY?	VHAT		
	_	FATHER S NAME	iali	01	T HELLI	rer A	14. MOTHER'S MAIDE			1 0	DR			
			John Hu	_			Marg	aret Bu						
	IS (Ye	WAS DECEASED EVE s, no ocunknown)	R IN U.S. ARMED FORCES? (If yes give wor or dotes	of service) 16.	SOCIAL SECURITY NO		informant cs. Maude	Hughes	Addr	me as	#2			
								110001100		10 00		VAL BETY	MEE).	
		18 CAUSE OF DI PART I DEA	EATH (Enter only one co TH WAS CAUSED BY			onar	occlusi	on				hane		
		420	IMMEDIATE CAUSE		001	Onar,	OCCIUSI	011			_but	<u>aue</u>	1	
		Conditions, if ony		TO (I)						i				
		rise to immediat	e couse (o), ((b)										
		stoting the unde	rlying couse	(c)										
	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART YOU										19 W	/AS AUTO	PSY	
7	THO										YES		NO P	
	CERTIFICATION	200 EXTERNAL CA PRIMARY ☐ or CO CAUSE OF DEATH.		20b D	ESCRIBE HOW INJUR	Y OCCURRED	(Enter noture of injury i	n Port I or Port II	of item 18)					
	MEDICAL	20c. TIME OF INJI	1.0	20d White			ICE OF INJURY (Home, fo tory, street, affice bldg., e		City or town)	(Cour	nty)	(5	(tote)	
						obove h	eld on Autopsy	Inspection	Inc.	uiry ,	and i	n my r	opinion	
		deoth result			Accident		cide . Homicio		etermined m					
			\$ 0	1				AL EXAMINER			2. 4	1/6		
		SIGNATURE	En	- 15-	1		_ m U	EDICAL EXAMINER			22.	. DATE :	SIGNED	
		EXAMMER'S NAME (Type)	Earl L. R	oyer,	М			ICAL EXAMINER [rounty) Sa		- 4	Md.		
	230	BURIAL, CREMATH			23c NAME OF (TION (City or To	,	(County)	,	lote)	
		Burial Spicify		1967		ood_M	emorial P		oncor	dvill	е,	Pen	na.	
	24	FUNERAL DIFERE	- Con Boy V	ull	ADDRESS		2So RE	TO BY REGISTRAR	1967° 8	EGISTRARS SI	GEATURE	Juda	ut.	
		Thomas	F. Wall	ace	Salisbu	ıry.M	d DATE	- W	1001		~	-		

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THE DEPOTY MES

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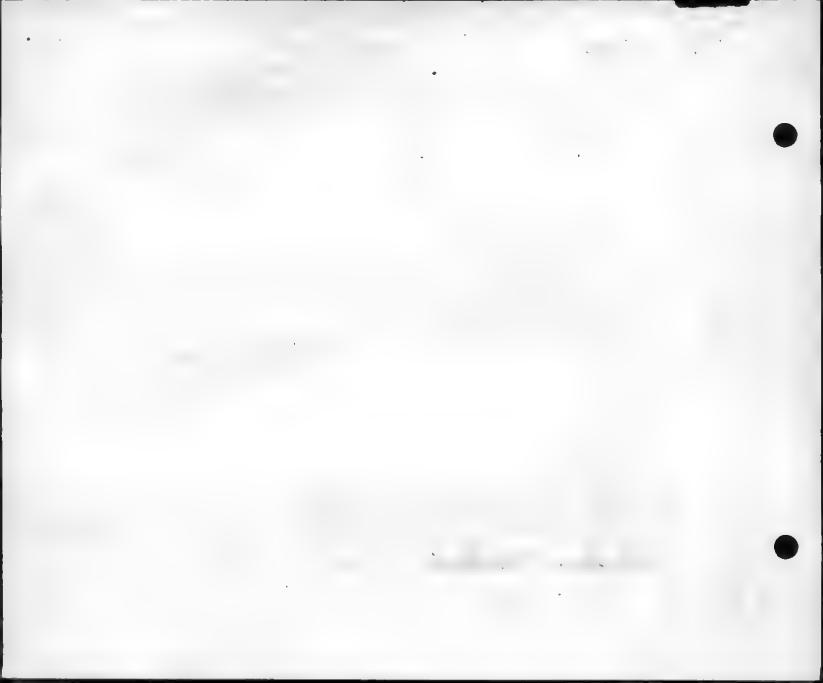
DIVISION OF STAT	MARYLAND STATE DEPARTMENT OF HEALTH	BALTIMORE 1. MARYLAN
07418	ISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, I CERTIFICATE OF DEATH	07394
DIACE DE DESTU	2 HISTAI DESTRUCT (Where decorate	d lived of Institution: Residence befor

1.	PLACE OF DEATH			CE (Where deceases	d lived, If Institu	ition: Residence before adm	alssion)
	a. CDUNTY Wicomico	MARYLAND		rvland	b. COUNTY	Dorchester	
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	C. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If	outside corpora	te Ilmits, write	RURAL and give nearest	town)
	Salisbury	21days	Hurlock	k			
	d. NAME OF HOSPITAL OR INSTITUTION (If not in h	ospital, give street address)	d. STREET ADDRESS			e. IS RESI ON A FA	DENCE
	Deer's Head State Hosp	ital	RFD 1				ND IC
3.	NAME OF First DECEASED	Middle	Last	4. DATE OF	Month	Day Year	
	(Type or print) Essie	M.	Hurst	DEATH	May	2 196	
5,	SEX 6. COLOR OR RACE 7. MARRIED	NEVER MARRIED	B. DATE OF BIRTH	9. AG	E (In years IF st birthday) M	UNDER 1 YEAR IF UNDER	Min.
l., .	Female Colored WIDDWED	DIVORCED	Sept. 18, 1	919 7	yrs.		
llDa dur	n. USUAL DCCUPATION (Give kind of work done 10b. king most of working life, even if retired)	IND OF BUSINESS OR NDUSTRY	11. BIRTHPLACE (C	County & State, or f	oreign country)	12. CITIZEN OF WHAT	
	Housework FATHER'S NAME	Home	Chiefland	Florida	2	USA	
13,	FATHER'S NAME		1 14. MOTHER'S MAII	DEN NAME			
	George Mitchem			rence Dar			
15 (Yt	. WAS DECEASED EVER IN U.S. ARMED FORCES? 16.	SDCIAL SECURITY NO. 17.	INFORMANT		Address		
		7-40-3574 Jan	mes Hurst, E	Iurlock.	Md.		
	18. CAUSE DF DEATH [Enter only one cause per					INTERVAL BET DNSET AND D	WEEN
	PART 1. DEATH WAS CAUSED BY: C	Carcinoma of ce	rvix			2 year	S
	171X DUE TO						
	Conditions, if any, which) (b)						
	gave rise to immediate (
	underlying cause last. (c)						
No.	PART II. DTHER SIGNIFICANT CONDITIONS CONTRIB	UTING TO DEATH BUT NOT RELA	TED TO THE TERMINAL	DISEASECONDIT	ION GIVEN IN PA	RT 1(a) 19. WAS AU PERFOR	
CERTIFICATION							ND 3
12	2Da. ACCIDENT WAS UNDERLYING 1 200.	DESCRIBE HOW INJURY OCCU	IRRED. (Enter nature o	of Injury in Part	or Part II of	tem 18.)	
	OR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)						
MEDICAL	11.	facto	CE DF INJURY (Home, f ry, street, office bldg.,		y or town)	(County) (S	tate)
ē	Hour a.m. While p.m. 19 lat wor	mot while	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,			
-	21. I certify that # (this hospital) attend	led the deceased from	April 11	1967_, to	May 2	, 19_67, that #0 (w	e) last
	saw the deceased alive on May 2	19 67 and tha	t death occurred at	11A M, from	the causes ar	d on the date stated	above.
	22a. SIGNATURE	1.1.				22b. DATE SIGNED	
	I W. W.a	Eller, M.		MED. DIRECTOR	PHYS.	5/2/67	
	22c. PHYSICIAN'S NAME (Type) I V Maldye	M D	22d. ADDRESS				
	NAME (Турв) L. V. Maldve	3, M. D.	Deer's H	ead Hosp	ital; Sa	lisbury, Md	•
23	BURIAL, CREMATION, 23b. DATE THEREOF	23c. NAME OF CEMETER		23d. LOCA	FION (City, tow	n er county) (St	ate)
	REMOYAL (Specify) May 8, 1967		ll Cemetery	Fe	deralsb	ure Marylon	d-
24	FUNERAL DIRECTOR	ADDRESS	25MAR	FC'D BY REGISTR	AR 256 REG	istrares signature	
	Framptom/Funeral Home	Federalsburg.		. T 0 100	1	00	
	in a succession in the second second	Lenet a Tanni S	Tittle .				

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 07395 CERTIFICATE OF DEATH PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death 2. USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) signed by the attending physician and campletely filled in by the funeral burial-transit permit. Then please remover carban papers. Pages I and burial, cremation, ar removal, and in any event, within 72 hours after deat PLACE OF DEATH b COUNTY Wicomico a. STATE Maryland Dorchester MARYLAND c CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town) c LENGTH OF STAY IN 15 b CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn) 2 days Vienna Salisbury d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Box 97 Peninsula General Hospital 4 DATE 3. NAME OF JACKSON COST GERTRUDE OF DEATH DECEASED (Type or print) 9 AGE (In years S SEX 6 COLOR OR RACE **NEVER MARRIED** 8 DATE OF BIRTH last birthday) Manths Davs March 8, 1920 Negro WIDOWED 12 CITIZEN OF WHAT 11 BIRTHPLACE (County & State, or fareign country) 10b KIND OF BUSINESS OR 10a USUAL OCCUPATION (Give kind of work done INDUSTRY during most of working life, even if retired) Dorchester Co., Maryland Housework Home 14 MOTHER'S MAIDEN NAME 13 FATHER S NAME Viola Jackson Kirby Pinder 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17. INFORMANT (Yes, na, or unknown) (If yes give war or dates of service) Leonard O. Jackson, Vienna, Maryland 219-03-0517 INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per fine for (a), (b) and (c))
PART I, DEATH WAS CAUSED BY. ONSET AND DEATH IMMEDIATE CAUSE (o) Page 4 may be retained by the haspital or attending physician. DUE TO Conditions, if any, which gave rise to immediate cause (a). DUE TO stating the underlying cause as the WAS AUTOPS PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PARA 1(o) A FUNERAL DIRECTOR: After this certificate has aneurysm of Dese. aorta & rupture back. State Dept. af Health NO 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part II of item 18.) 20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) (State) 20e. PLACE OF INJURY (Home, form (County) 20d INJURY OCCURRED (City or town) 20c. TIME OF INJURY Month, Doy, Year Hour om. factory, street, office bldg., etc.) Not While of work ot wark 21. I certify that (1) (this haspital) attended the deceased fram 5-1-67, 19 10 5-3-67, 19 that (1) (we) last saw the deceased alive an 5-3-67 19, and that death occurred at 423 M, fram causes and an the date stated above. 22b. DATE SIGNED 22a, SIGNATURE STAFF PHYS. DIRECTOR M.D. directar, page 3 shauld be filed v 22d ADDRESS 22 HYSICIAN'S NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) 230 BURIAL CREMATION. 23b. DATE THEREOF REMOVAL (Specify) Vienna, Maryland May 7, 1967 Vienna Cemetery 25g, REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE ADDRESS 24. FUNERAL DIRECTOR MAY 8 Framptom and Son, Federalsburg, Maryland

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

	1 12	1	Division of STATISTICA	MARYLAND STATE DEF AL RESEARCH AND RECORDS, 301		MORE, MARYLAND 21201
	· OF		07420	CERTIFICATE		08831
er death			PLACE OF DEATH COUNTY Wicomico	◆ MARYLAND	o. STATE Maryland	ed lived, if institution. Residence before odmission) b. COUNTY Dorchester
aurs atte	Pages ours aft		b CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Salisbury	6 days	Cambridg	
n 24 h	filled in papers thin 72 h		d. NAME OF HOSPITAL OR INSTITUTION (If nor n Deer's Head St		d STREET ADDRESS	Street YES NO
l within			NAME OF First DECEASED (Type or print) MARET	Middle .T.A	Lost 4 DATE OF DEATH	Month Doy Year 5 23 1967
executed		5	SEX	MARRIED NEVER MARRIED 8 NIDOWED D.VORCED 7 2	DATE OF BIRTH 9	dost burthday) Months Days Hours Min
ate be	physician and hen please rem laval oad in an	dur	US_AL OCCUPATION (Give kind of work done ing most of working, te, even if retired)	10b KIND OF BUSINESS OR INDUSTRY	11 BIRTHPLACE (County & State, or for	COUNTRY
r certific	Then permanal	3	FATHER'S NAME COMPANY WAS DEFEASED EVEN IN 115 APMED STORYESA		14 MOTHER'S MAIDEN NAME 1 2 A be 1	- TRAVIS Address
e death	attending permit. The	(Yi	WAS DECEASED EVEN IN U.S. ARMED FORCES (s, no, or unknown) (If yes give wor or dates of ser			INTERVAL BETWEEN
that th an.	by the transit greematic		18 CAUSE OF DEATH (Enter only one couse p PART I, DEATH WAS CAUSED BY, IMMEDIATE CAUSE (o)	Pulmonary congestic Carcinoma of the le	n with edema	ONSET AND DEATH
law requires that the death certificate be executed within 24 haurs after death nding physician.	signed burial- burial		Conditions, if ony, which gove rise to immediate cause (o), storing the underlying cause last (c)	Caremona of the re	metastases	Ide-spread Z years
	ficate has been far use as the Health priar ta	ATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTR	RIBUTING TO DEATH BUT NOT RELATED TO TH	IE TERMINAL DISEASE CONDITION GIVE	N IN PART 1(0) 19 WAS AUTOPSY PERFORMED? YES NO
/SICIAN ospital o	モッち	L CERTIFICATION	20₀ ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	205, DESCRIBE HOW INJURY OCCURRED (I	nter noture of injury in Port I or Port	II of item 18.)
ATTENDING PHYSICIAN: The stained by the hospital or after	ther this ce be detache State Dept.	MEDICAL	20s TIME OF INJURY Month, Doy, Yeor Hour o.m. p.m. 19	While of work of work of the foctor	OF INJURY (Home form, 20f ry, street, office bldg , etc.)	(City or town) (County) (State)
ITENDII Jined b	OR: Aft		saw the deceased alive on Ma	ol) ottended the deceosed from	May 15 , 19 67 , to death occurred of 735P.N	, fram causes and on the date stated above
등 유	O FUNERAL DIRECTOR: A director, page 3 shauld shauld be filed with the		220 SIGNATURE Children CM 22c. PHYSICIAN'S	they MD	ATTENDING MED DIRECTOR	STAFF 22b DATE SIGNED 5/21/67
O HOSPITAL Page 4 may 1	FUNERAL irector, po hauld be fi	92.	NAME (Type) Dr. A. C. M	itchell	Deer's Head St	ate Hospital, Salisbury,
₩	To File	23C 124	BURRAL (SPECIAL) STANDAL (Special) EUNERA JOIRECTOR	ADDRESS	REMA LURY 236 LU	CATION (City or Towp) (County) (State) AR 1 25b. REGISTRAN'S SIGNATURE
3	VR A15 (4) 20 M 1/66	2	Int Juneral H	one Canluda,	DATE JUN 8	1987 Filenso Vice

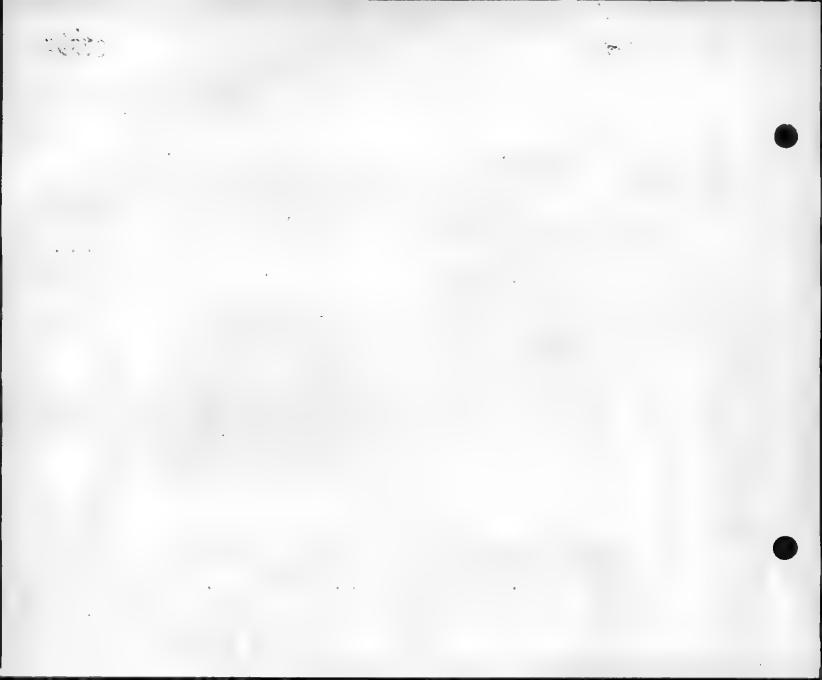


MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH 07421 2. USUAL RESIDENCE (Where deceased lived, if institution, Residence before admission) 1. PLACE OF DEATH o COUNTY. o. STATE **b** COUNTY comico MARYLAND Maryland Wicomico C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Marvland b CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn) c. LENGTH OF STAY IN 16 Salisbury days Solisbury d NAME OF MOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS ON A FARM? 312 Peninsula General Hospital newton St. 3 NAME OF Middle 4. DATE Month campletely tove tarbon DECEASED MABEL EMMA (Type or print) DEATH IF UNDER I YEAR S. SEX 8. DATE OF BIRTH AGE (In years FUNDER 24 HRS 6 COLOR OR RACE 7 MARRIED **NEVER MARRIED** remove birthday) Days Hours July 8, 1878 WIDOWED and in any DIVORCED 10b KIND OF BUSINESS OR 1: BIRTHPLACE (County & State or foreign country) 12 GTIZEN OF WHAT physician a during most of warking life, even if retired)
HOUSE WILLE INDUSTRY COUNTRY? U.S.A own Home Maryland 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME ar removal, Phillip C. Squires Emily Tucker 16. SOCIAL SECURITY NO. 17. INFORMANT Address 1S WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, na, or unknown) (If yes give war or dates of service Mrs. Emily Midgette See crematian, IB CAUSE OF DEATH (Enter only one couse per line for (a), (b) and (c))
PART I. DEATH WAS CAUSED BY INTERVAL BETWE signed by the burial-transit burial, cremati IMMEDIATE CAUSE (o) Page 4 may be retained by the hospital or attending physician. DUE TO Conditions, if ony, which gove rise to immediate couse (a). DUE TO stating the underlying couse director, page 3 shauld be detached far use as the shauld be filed with the State Dept. of Health priar ta lost. WAS AUTOPS PART/II OTHER SIGNIFICANT, CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE/CONDITION GIVEN IN PART 1(o) PERFORMED? CERTIFICATION TO FUNERAL DIRECTOR: After this certificate 200 ACCODENT WAS UNDERLY NG [20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Part II of Item 18.) OR CONFRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MED (AL EXAMINER) 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, (City or town) (County) (Stote) 20c. TIME OF INJURY Month, Day, Year factory, street, office bldg., etc.) Hour am. Not While 21 | Certify that (1) (this haspital) attended the deceased fram. Z and that death accurred at 5/30/M, fram causes and an the date stated above. saw the deceased alive on 2 22b. DATE SIGNED MED DIRECTOR STAFF PHYS. PHYSICIAN'S Earl M. Beardsley Maryland Ave. Salisbury, Maryland NAME (Type) M.D. 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23g BUR AL CREMATION. (County) (State) 5/7/1967 REMOYADI(Specify) Cemetery Parsons Salisbury, Maryland 2So REC'D BY REGISTRAR 24 FUNERAL OFFICTOR 2Sb. REGISTRAR S SIGNATUR VR A15 (4) 20 M 1/66

requires that the death certificate be executed within 24 haurs after death



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

form

necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, TO DEPUTY MESCAL EXAMINER: This certificate should be emecuted within 24 hmurs after death

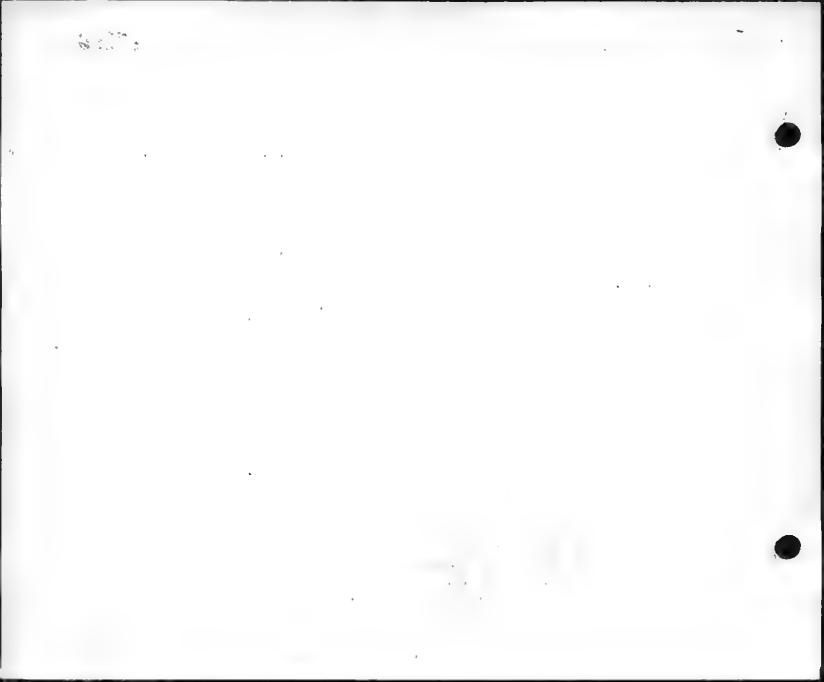
5 hours after death. e proportment Heolth or its designated ogent, prior to burial, cremotion, or removal, and in any event within 72 leads.

the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with 5 moy be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as

VR A15ME (5) W

	07422	Juliani V. Jianancae	MEDICAL EXAMINER'S			07397			
	PLACE OF DEATH			2. USUAL RESIDENCE (Where deceased lived, if institution				
		omi co	MARYLAND	o. STATE Mary		MICOUNTGO			
	b (ITY OR TOWN (write RURAL and	If outside corporate I mits, give nearest town)	C LENGTH OF STAY IN ID	c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)					
	Sal	Lisbury		Salis	sbury	221			
		AL OR INSTITUT ON (If not in ho		d. STREET ADDRESS	(I) There is 100	e IS RES DENCE ON A FARM?			
2	Pen:	insula General	Middle		44. Johnson Rd.	YES NO			
	OFCEASED (Type or print)	FRANCIS	GRANT	JONES	4 DATE Month	Doy Year 1 1967			
-	SEX.		ARRIED NEVER MARR ED K	8. DATE OF BIRTH	9 AGE (In yearsI	FUNDER 1 YEAR FUNDER 24 HRS			
	Male	White WID	DOWED DIVORCED	July 5, 1933	last birthdoy) 3 yrs	Months Days Hours Min			
100	SUAL OCCUPATION	(Give kind of work done	10b KIND OF BUSINESS OR	11 B RTHPLACE (Stote		12 CITIZEN OF WHAT			
dur	ing most of working Cab Drive	er even ir retired)	INDUSTRY Taxi	Dover, De	elaware	COUNTRY?			
13	FATHER'S NAME			14 MOTHER 5 MAIDEN	NAME				
16	(Unk.)	2 10 10 2 10 10 10 10 10 10 10 10 10 10 10 10 10	The special standard and the		Ly Lee Jones				
(),	Yes	R IN U.S. ARMED FORCES? (If yes give war or dates of service	e) 16. SOCIAL SECURITY NO 17	Mrs. Elsie M Schumaker Ro	Mae Steele (Aunt	aryland			
	18 CAUSE OF DI	EATH (Enter only one couse per TH WAS CAUSED BY	1 (1 1)			INTERVAL BETWEEN			
	- ARTI DER	/ IMMEDIATE CAUSE (a)	Bullet wound	of brain		ONSET AND DEATH			
	Conditions, if ony	which gave)							
	rise to immediat	e conse (o)							
	stating the unde	riving couse (c)							
CERTIFICATION	PART II OTHER SI	GN F CANT CONDITIONS CONTR B	UTING TO DEATH BUT NOT RELATED TO	O THE TERMINAL D SEASE (O	NDITION GIVEN IN PART 1(0)	19 WAS AUTOPSY PERFORMED? YES NO			
TIFIC	200 EXTERNAL (A	USE WAS	20b DESCRIBE HOW INJURY OCCURRE	D (Enter noture of injury in	Port I or Port II of Item 18)	}			
	CAUSE OF DEATH.	MIKIBOJINO LI	Shot by unknown	own assailant					
MEDICAL	Hour 307	JRY Month Day, Year		LACE OF INJURY (Home, form	1 1	(County) (Stote)			
*	8 pr			octory street office bldg, etc street					
			he remains described above,		Inspection X, Inqu'r				
	death result	led from: Natural caus	ses 🔲, Accident 🔲, Su	Dicide , Hamicide CHIEF MEDICAL	m	ner []			
	ACTUAL SIGNATURE	21 - 14			DICAL EXAMINER	22. DATE SIGNED			
	EX A ANYMED'S	Earl L. Royer,	MAU.	DEPUTY MED C	AL EXAMINER X	May 4 /1967			
_	NAME (Type)	409 Camden Ave	., Salisbury, Ma.	Address (Stree	t, city, lown, or county)				
230	BURIAL CREMATIC	ON. 23b DATE THEREOF	23c NAME OF CEMETERY O	OR CREMATORY	23d LOCATION (City or Town)				
24	Burial FUNERAL DIRECTO		67 Wicomico Mer		Salisbury P	varyland			
1			alisbury, Maryla		5 1967 400	STRAR SIGNATURE			



DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH funeral rand 2 24 hours after death 1. PLACE OF DEATH e. COUNTY USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) b. COUNTY a. STATE MARYLAND Marvland Wicomaco Wicomico b. CITY OR TOWN (if outside corporate limits, Adm. in ID c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Adm. in FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by inector, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Paghould be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours write RURAL and give nearest town) Salisbury 5/3/67 Salisbury d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS Peninsula General Hospital 302 E. Locust executed within Month 3. NAME OF Middle Lest DATE DECEASED DEATH 24 KELLY Mav (Type or print) BEATRICE MARTAN AGE (In years | IFUNDER 1 YEAR | IFUNDER 24 HRS 6. COLOR OR RACE DATE OF BIRTH 7. MARRIED NEVER MARRIED last birthday) | Months | Days WIDOWED X DIVORGED Female White 70 . 1896 12. CITIZEN OF WHAT COUNTRY? 10a, USUAL OCCUPATION (Give kind of work done | 10b, KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) INDUSTRY) HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be Page 4 may be retained by the hospital or attending physician. during most of working life, even if retired) USA Worcester Co. . Md. Retired -Operator Shirt Factory 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Marion Dykes Lula Davis INFORMANT 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. | 17. Wayne Scott (Grandson) (Yes, no, or unkown) (If yes give war or dates of service) ttingham St., Salisbury, Md. 220-26-1259 No 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which (b) gave rise to immediate DUE TO cause (a), stating the underlying cause last. (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) CERTIFICATION 20b. DESCRIBE HOW INJURY OCCURRED. (Enter neture of injury in Part I or Part II of Item 18.) 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING () CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) N/A MEDICAL 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, (County) 20f. (City or town) TIME OF INJURY Month, Day, Year factory, street, office bldg., etc.) Hour a.m. While Not While at work et work 21. I certify that (I) (this hospital) attended the deceased from and that death occurred at 5:20%, from the causes and on the date stated above. 19 saw the deceased alive 22b. DATE SIGNED 22a. SIGNATURE ATTENDING PHYS. PHYS. M.D. DIRECTOR 22d. ADDRESS PHYSICIAN'S director, p Camden Ave. Salisbury Md. Ear Rover 409 23d. LOCATION (City, town or county) BURIAL, CREMATION, REMOVAL (Specify) DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 1 Park, Sali 258., REC'D BY REGISTRAR Wicomico Memorial Salisbury. Marvland Buria REGISTRAR'S SIGNATURE FUNERAL DIRECTOR ADDRESS HOLLOWAY & COMPANY, SALISBURY, MD. TITE

MARYLAND STATE DEPARTMENT OF HEALTH

6. IS RESIDENCE

YES

ON A FARM?

Year

19 67

WAS AUTOPSY

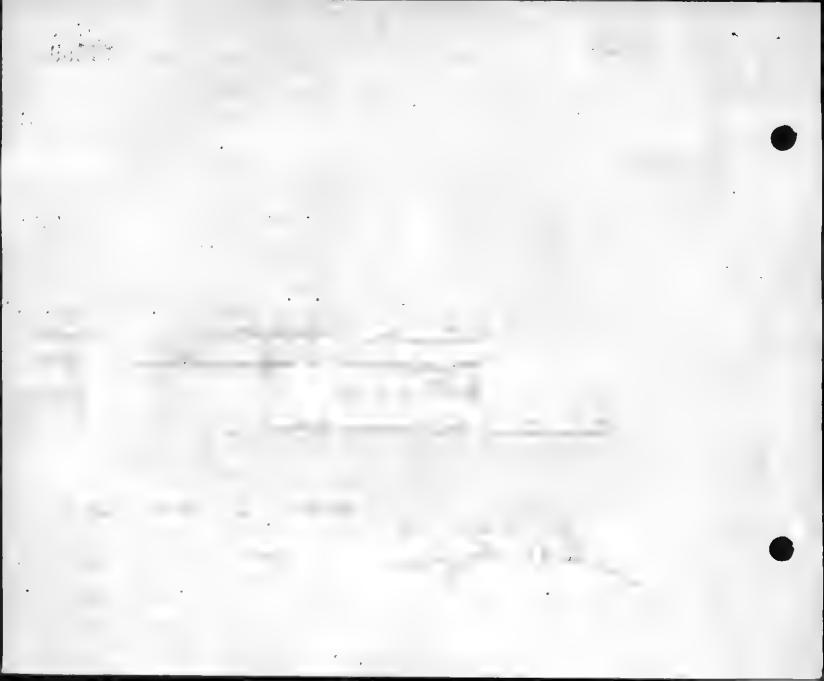
(State)

(State)

PERFORMED? NO P

NO X

VR A15 (4) 15M 4-64



MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

2 USUAL RESIDENCE (Where deceosed lived, if institution: Residence b b. COUNTY

3 703		07424	CERTIFICATE	OF DEATH		07399
ath and		PLACE OF DEATH			Where deceased lived, if institution	on: Residence before admission) 🧳
the construction of the residual of the residu		o. COUNTY	MARYLAND	o. STATE Mars	vland b. coun	Pr. Geo.
by the to have after have after		a. CITY OR TOWN (If outside corporate limits,	C LENGTH OF STAY IN 16		itside corporate timits, write RUR	
by the Page Sours		write RURAL and give nearest town)	1 Day	0xon	H111	1
had had by had b		NAME OF HOSPITAL OR INSTITUTION (If not in hospital		d. STREET ADDRESS	***	e IS RESIDENCE
filled in papers. A A D		Danis Common	II. anital	4511 Kerl	bv Parkway	ON A FARM?
看 重譯 心		Peninsula General NAME OF First	Middle	/) Lost	4. DATE Month	
campletely note each on Kevent, Williams		DECEASED [Type or point] SIDNEY	D. *	arson	OF DEATH May	13 1967
d Kenned		SEX 6. COLOR OR RACE 7 MARRIED		DATE OF BIRTH	9 AGE (In yegfs	IF UNDER 1 YEAR IF UNDER 24 HRS.
e X a	٠.	male white widower		ulv 10.19	170 56 pris	Months Days Hours Min
ond ca remain ank	10a	USUAL OCCUPATION (Give kind of work done 10b.	KIND OF BUSINESS OR		& State, ar foreign country)	12 CITIZEN OF WHAT
ate b ician lease and i	dur	ng most of warking life, even if retired)	terior Dept.	Colorad	lo	COUNTRY? USA
physician en please aval, and i	13	FATHER S NAME	derror Dept.	14. MOTHER'S MAIDEN		
phy phy ava ava		Oscar Larson		Agusta	(Last Name	unknown)
ding ding rem rem	15.	WAS DECEASED EVER IN U.S. ARMED FORCES?	6. SOCIAL SECURITY NO. 17. II	NFORMANT	Addre	
leat hend mit. or	(Ye	s, na, ar unknawn) (If yes give war ar dotes of service)	Mr	s. Ann J.	Larson	Same as #2
the death certifing the strength permit. Then protected the protected th		18. CAUSE OF DEATH (Enter only one cause per from to		1011	1	INTERVAL BETWEEN
that the an. by the cremation cremation		PART I DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a)	Narachn	not Hen	word age	DISE AND DEATH
requires that the death certificate be executed within 24 haurs 1 physician. signed by the attending physician and campletely filled in by 1 burial-transit permit. Then please remare garbon papers. Paburial, cremation, or remaval, and in any local within 12 haurs Coroner was Notified and Appr		DUE TO				//
physic physic signed burial COT		Conditions, if ony, which gave) (b)			U	/
Paragraph O		rise to immediate cause (a). Stating the underlying cause DUE TO				
law nating been so the ior to		last. (c)				
ttel as Dr.	2	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	TO DEATH BUT NOT RELATED TO T	HE TERMINAL DISEASE COI	NDITION GIVEN IN PART 1(a)	19 WAS ALTOPSY PERFORMED?
E 5 5 8 5 3 +	CERTIFICATION					YES NO
IAN: of ar ficate for us Health	E	20o ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in	Part I ar Part II af Item IB.)	
Sylcustriff sertiff red f t. of t	9	(IF EITHER, NOTIFY MEDICAL EXAMINER)				
PHYSIN ne hasp this cert etached Dept. o	DICA	20k. TIME OF INJURY Month, Day, Year 20d Wh		E OF INJURY (Hame, fam ary, street, affice bldg., arc		(County) (State)
48 ± = = = 0 rA	M	p.m. 19 at w	ork at work	7 / 7	1-1/1-	2/17
		21. I certify that (I) (this haspital) at/e	ended the deceased from		19 6 / to 3//-	/, 19 (that (I) (we) lo
OR: OR: auld the		sow the deceased alive or	$\frac{7}{2}$ 196 /, and that	death occurred of	My from Louses	ond on the date stated above
A S D S S -1		220. SIGNATURE	7 /	ATTENDING CO.	MED. STAFF	22b. DATE SIGNED
OR be 1			/ M.D	PHYS. 22d. ADDRESS	DIRECTOR L PHYS. L	13/13/6/
O HOSPITAL O Page 4 may be O FUNERAL DII director, page shauld be filed		22c PHYSICIAN'S OS 14) A 15	Bustan	220. ADDRESS		/ /
O HOSPITAL Page 4 may O FUNERAL director, pag should be fil	00	AUDIN COMMINION AND SHIP THEOLOGY	23c NAME OF CEMETERY OR C	TOTAL TORY	23d LOCATION (City or Toy	10. 10.
Page 4 r Puner director, shauld I	230	BURIAL, CREMATION, REMOVAL (Specify) 5/18/67				
5 5 5 v		uria 5/18/67	Evergreen C		Colorado Sa	orings Colo.
VR A15 (4) 20 M 1/66	J		ashington. D.		AY 1 8 1967	yclientes lange
111 17 00	67	- THE TOOK DOIN	management of the first of the first	A DWIF	THE A COURT !	1 11 11



Nelson Cemetery

ADDRESS

Pocomoke City, Md.

Pocomoke City

25b.

Wor

law requires that the death certificate be executed within 24 hours after death. ba pau 4 campletely 5 remove please physician burial, crematian, ar remaval. signed by the burial-transit be retained by the haspital or attending physician. d for use as the af Health priar ta this certificate TO FUNERAL DIRECTOR: After director, page shauld be filed VR A15 (4) 20 M 1/66

Burial

EUNERAL DIRECTOR

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

FOR STATE			07426		MED	ICAL EXAMI	NER'S	CERTIFICATE O	F DEATI	l	07	4n1
EALLY DEPT.	ľ		LACE OF DEATH					2. USUAL RESIDENCE	Where decease	l lived, if institution	ın Residence bef	are admission)
⊼ 5 0		1	COUNTY WICOM	ico		MAX	YLAND	a STATE	land	b. COUN	Wicomi	1.00
Part eat		-	CITY OR TOWN (If as			C LENGTH OF STAY		C EITY OR TOWN (IF O		m ts. write RUR		
			write RURAL and gr	re nearest town)						,		2)
Department	ŀ	_	Salis NAME OF HOSPITAL OF	DULTY OR INSTITUTION (For	et in haspita.	we street address)		d STREET ADDRESS	sbury			e IS RESIDENCE
10 to	1	·		od Drive	in rospital	3 14 3/1441 444/4333			J. IJ	anala Mina	ilan Die	ON A FARM?
8. Give Poges 1, along with form with the State DI within 72 house		2	IAME OF	fi fi		Middle		Rt.	4. DATE	Month		YES NO
offer death 3. Give Poges along with for with the Start within 72 ha			ECEASED						OF			
8. Give along with the worthin		5	Type or print)	COLOR OR RACE	YCE 7 MARRIED	ANN	s 8 51	MESSICK B DATE OF BIRTH	DEATH	May AGE (In years	F UNDER 1 YEAR	19 67
arter 8. Giv alo≡g alo≡g with w				_		NEVER MARRI				last b rthday)	Manths Days	
hours Item 11 Office Tond 2				White	WIDOWED	DIVORCI	n []	March 2, 19		16 yrs	1 29	OF HALLY
		dure	USUAL OCCUPATION (Ging most of working life,	even if retired)		ND OF BUSINESS OR DUSTRY		11. BIRTHPLACE (State		**	12 CITIZEN C	
ers (ers ony			chool Stu	dent				Salisbury		land	USA	
within 24 in pencil in Exominers File pages ond in any			FATHER S NAME					14 MOTHER'S MAIDEN	NAME			
File ond			Isaac Jame	s Messick				Margueri	te Gord	on		
0			WAS DECEASED EVER IN			SOCIAL SECURITY NO		INFORMANT Mrs. Marguet	cite G.	Maggick		r)
executed executed in Medical E]	No	1				Hancock Tra	ler Pa	rk, Seli	abury. 1	Nd.
ld be execute, rd pending Chief Medical fransit permit.			1B CAUSE OF DEATH PART I, DEATH V	(Enter anly ane cau							II.	MTERVAL BETWEEN
			PAKI I. DCAIN Y	IMMED ATE CAUSE	(a)	let wound	of	brain				INSEL AND DEATH
ate should be e the ward per to to the Chief I o burial-transit cremation, ar re				DUE	TO							
sho e w ouric			Conditions, if any, whi rise to immediate co	lise (a)	(b)							
(1)			stating the underlying		TO							
ting rdm rdm os			last)	(c)						<u> </u>	
s certificate sn e, writing the forword≡d to 1 used os o bur bur'al, crema		×	PART I. OTHER SIGNIE	ICANT CONDITIONS C	ONTRIBUTING 1	O DEATH BUT NOT RE	LATED TO	THE TERMINAL DISEASE CO	NDIT ON GIVEN	N PART I(a)	19	PERFORMED?
2 00 00	71	CERTIFICATION										YES 🔼 NO
ficotorication of the or to		EI E	20a EXTERNAL CAUSE PRIMARY AT ar CONTRI	WAS	20b D£	SCRIBE HOW INJURY	CCURRED	(Enter nature of injury in	Part 1 or Part	of tem 1B)		
INEK: e certif shautd files 3 should nt, pro			CAUSE OF DEATH.	C) ONLING		Shot by	unkn	own assaila	nt.			
		MED CAL	20c TIME OF INJURY	Manth, Day Year		NJURY OCCURRED		ACE OF INJURY (Home, far		(City or town)	(Caunty)	(State)
ute thouse the your your Poge and age	ı	꾶	8 Haur TROX	5-1-67 19	Whife at war	Not While at wark	†ac	tary, street, affice bidg , etc street	Sal	isbury W	icomico	Md.
execute the certical Pool of the certical Pool of the Shanical for your files TOR: Poge 3 shoughted agent, pr	-1		21 I certify th	nat I taak charae				eld an Autopsy 🛣,	Inspection		-	nd in my opini
Lessory, please execut essory, please execut est fueral director Pag est be retained for y FUNERAL DIRECTOR: Pe				from Neture		_		cide , Homicide		letermined mo		o in my opini
directe etoine of burse				19.			J,	CHIEF MEDICAL		7		
MEDT please directs retoine DIREC			ACTUAL SIGNATURE		1				DICAL EXAMINER			22. DATE SIGNE
EFULT SSOOV, p fulleral my be re INERAL Ith or ith				rl L. Roy	en M.	D.			AL EXAMINER	X	May	4 /196
	٥, (NAME (Type) LO	9 Damden	ve.	Salisbury.	Ma.	Address (Stree	it, cily, fown, a	caunty)		
netessory, the furera 5 mmy be O FUNERA	_	230	BURIAL, CREMATION,	23b DATE THI	REOF	23c NAME OF CEN	ETERY OR	CREMATORY	23d LOC/	TON (City or Tow	n) (Count	ty) (State)
= 5 = - (is .		REMOVAL (Specify) Burial	May 5	1967	Parsons	Ceme	terv	S	alisburv	. Marvl	and
	1	24	FUNERAL DIRECTOR			ADDRESS	11	250 REC	D BY REGISTRA	25b 8 6	ISTRAR SIGNAT	JRE
VR A15ME (5)	V		HOLLOWAY	& COMPAN	Y. SAL	ISBURY. MA	HVTA	MAY TIME	5 19	67 1	TOO X	4

TO FILERAL MEETOR. FITH this cartificate has seen signally the afterning hys cian and completely filled in bother inner director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1's and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and to an event, within 72 hours after death. 24 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Page 4 may be retained by the hospital or attending physician.

> VR A15 (4) 15M 4-64

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
07427
CERTIFICATE OF DEATH

1. PLACE OF DEATH	н					CE (Where decease	ed lived, If institution: b. COUNTY	Residence b	efore admission)
	a amá a a		MARYL	AMD	a. STATE	yland	D. COUNTY	icomic	0
b. CITY OR TOW	COMÍCO N (If outside corpora	te limits.	c. LENGTH OF STAY		c. CITY OR TOWN (I	f outside corpora	ate limits, write RUR	AL end give	nearest town)
write RURAL	and give nearest tow	/n)					^	, J	
	lisbury					isbury			
d. NAME OF HO	SPITAL OR INSTITUTION	ON (If not in ho	spital, give street ad	dress)	d. STREET ADDRESS				IS RESIDENCE ON A FARM?
Ro	ute #3			<u> </u>	Rou	te_#3		YE	s NO
3. NAME OF	FI	Irst	Middle		Last	4. DATE	Month	Day	Year
(Type or print)	CI	ARA	EMMA		MOORE	DEATH	May	13	1967
5. SEX	6. COLOR OR RACE	7. MARRIED [NEVER MARRIED	T 8	. DATE OF BIRTH	9. A	GE (In years IF UND)		
Female	White	WIDOWED I		tentrol	ebruary 13,	1885	82 yrs. 3	Days	Hours Min.
	FION (Give kind of work	2	ND OF BUSINESS OR	<u> </u>	11. BIRTHPLACE (CITIZEN OF	F WHAT
during most of work	ing life, even if retire	d) IN	DUSTRY		Sussex Co	men De	lewere	COUNTRY?	
Housewif		1			14. MOTHER'S MAI		Tallal 6	OLDAE .	
13. FATHER'S NAM	TE.								
Johnathar	n C. Timmon	8			Sarah Sho	ort			_
15. WAS DECEASED	EVER IN U.S. ARMED FO	DRCES? 16. S	OCIAL SECURITY NO.	17.	INFORMANT	41	Address	entan)	
	(If yes give war or dates o	of service)			Mrs. Maude	R. Warri	ngton (Dau	Surery	
No		<u> </u>		1 1	Route#3. Sa	lisbury,	Waryland		VAL BETWEEN
	DEATH [Enter only or		0			0 .1	10.		AND DEATH
PART I. D	EATH WAS CAUSED BY IMMEDIATE CAUSE	(a) as	tentre	02	offic -	Reart	all deco	DO 4	aft.
4200	DUE	1 1						1	
Conditions, If									
gave rise to	Immediate /	(b)		-					
cause (a), s									
underlying cau		(c)	ring to be a transfer or	0 = 0 = 1 0	250 20 2115 250 11m 41	DISCLOS ACRES	LON CHIES IN DART I	(a) 119. Y	WAS AUTOPSY
PART II. UTHER	SIGNIFICANT CONDITI				Locates	DISEASE CONDIT	TONGIVER IN PART 1	a) 13.	PERFORMED?
2 Juli	wondry.	Siple Car	- 2	1000	ages Tes	_		YES	☐ NO
PART II. OTHER Pull 203. ACCIDENT OR CONTRIBUT (IF EITHER, NO	WAS UNDERLYING	20b, D	ESCRIBE HOW INSUR	Y OCCU	RRED. (Enter nature	of Injury in Part	or Pert of Item	18.)	
	ING CAUSE OF DEATIFY MEDICAL EXAMI	NER)	N/A						
20c. TIME OF Hour a.	INJURY Month, Day,	Year 20d. IN	JURY OCCURRED 2		E OF INJURY (Home,		ty or town) ((County)	(State)
Hour a.		While	Not While	Tacto	ry, street, affice bldg.,	etc.)			
∑ p.	m. 19	- '	et work	-		600	Key /3 10	67	1 (D. A.,) 1 A
21. I certí	fy that (I) (this hos	nital) attende	d the deceased fro	om		13			t (I) (we) last
	ceased alive on_2	gray /	19ar	nd that	death occurred at	M, from	the causes and or		
12a. SIGNATU	IRE/	7	2001			•		DATE SIGN	NED
	11/12	South	el-	M.D	ATTENDING PHYS.	MED. DIRECTOR	STAFF M	ay /5	/1967
22c. PHYSICI					22d. ADDRESS				
NAME (T	ype) Dr. L.	V. Sohle	er		303 East	Street,	Delmar. W	arvlan	ıa
23a. BURIAL, CREI	MATION, 23b. DATE	THEREOF	23c. NAME OF CE	METERY	OR CREMATORY	I 23d. LOCA	TION (City, town or	county)	(State)
REMOVÁL (Sp	ecify)	,		0		70-		2 4	
burial 24. FUNERAL DIR	May 17	1967	ADDRESS	rg U	hurch Cemei	FC'D BY REGISTE	RAR 25b. REGISTR	AR'S SIGNA	TUKE
HOLLLOW.	AY & COMPAN	Y, SALI	SBURY, MAR	YLAN	D DATE	AY 17 1	967 Value	selas y	46.0
1			1 1111				1,	1/2	200

Sing St.

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

07428

TO FUNERAL DIRECTOR: After this certificate hos been signed by the ottending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove (arthur-pagess. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremotion, or removal, and in any event, within 72 hours ofter death.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the Beath certificate be executed within 24 heurs after deag

Page 4 may be retained by the hospital or attending physician.

VR A15 (4) 25M 1/67

CERTIFICATE OF DEATH

07403

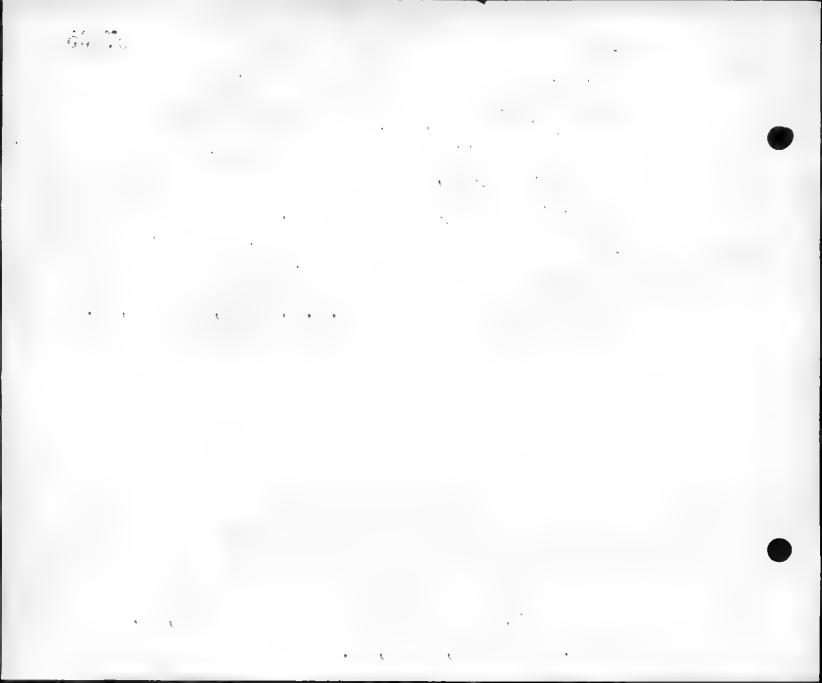
						01200
PLACE OF DEATH					Where deceosed lived, if institution b. COUNTY	. /
V	Vicomico		MARYLAND	o. STATE Maryl		Talbot
b. CITY OR TOWN write RURAL or	(If outside corporate limits, and give nearest tawn)	- 1	LENGTH OF STAY IN 16		tside corporate mits, write RURAL o	and give nearest town)
Salis	sbury	1	19 days	Bellevu	e	× 4
d NAME OF HOSPI	TAL OR INSTITUTION (If not in hi	ospitol, give	street oddress)	d STREET ADDRESS		e IS RES DENCE ON A FARM?
	^H ead State Ho	ospita	3T	Box 51		YES _ 'NO _
3 NAME OF DECEASED	First		Middle	Lost	4. DATE Month	Doy Year
(Type or pnnt) 5 SEX	Mary		E.	Moore	DEATH May	6 19 67
Female	0.33	ARRIED X		8. DATE OF BIRTH 2-7- 1889		UNDER I YEAR IF UNDER 24 HRS
	N (Give kind of work done	DOWED [OF BUSINESS OR		10 Aug	12 CITIZEN OF WHAT
during most of working	g life, even if retired)	INDUS			& State, or foreign country)	COUNTRY?
HOUS 13. FATHER'S NAME	e wife			Talbo1		USA
-	and a Cons					
	ouls Green	16. SDC	IAL SECURITY NO. 17.	Annie NFORMANT	Green	
	ER IN U.S. ARMED FORCES? (If yes give wor or dates of servi	ce]				-A 352
1 IR CAUSE OF E	DEATH (Enter only one couse per		-I2-3264-B	Charles	Hawkins Eas	interval Between
PART I DE	ATH WAS CAUSED BY:		bral vascula	r accident		ONSET AND DEATH
1,	IMMEDIATE CAUSE (o) Number of the company of t	001	VILL VEDCULA	1 accident		1 1/0/0142
Conditions, if on	y, which gove) (6)	Arte	eriosclerosis	, general		Years
rise to immedia	te couse (p), {					
last.	(t)_					
PART II OTHER	IGNIFICANT CONDITIONS CONTRI		DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE COM	DITION GIVEN IN PART 1(0)	19 WAS AUTOPSY PERFORMED?
을 Dia	betes mellitus	5				YES NO K
OR CONTRIBUTING	AS UNDERLYING G CAUSE OF DEATH Y MEDICAL EXAMINER)	20b DESCR	IBE HOW INJURY OCCURRED	(Enter noture of injury in	Port Lor Port Lof Item 18)	
를 Hont.o	JURY Month, Day, Yeor m. .m. 19	2Dd. INJUI White of work	Not While foct	CE OF INJURY (Mome, form ory, street, office bldg., etc.)		(County) (Stote)
21. I cert	ify that 🖚 (this hospital)	ottended	the deceased fram	April 17 ,1	967 , to May 6	. 19 67 , that \$t) (we) las
		7.6	19 <u>.67</u> , and that	t death occurred of	2 P M, from causes and	
220 SIGNATURE	C Match	W	лм (11113	MED STAFF DIRECTOR PHYS.	226 DATE SIGNED 5/8/67
22c PHYSICIAN' NAME (Type		nell,	M.D.	Deer's He	ad Hospital; Sal	isbury, Md.
230 BURIA., CREMATI	ION, 23b. DATE THEREOF		23c NAME OF CEMETERY OR	CREMATORY	23d LOCATION (City or Town)	(County) (State)
BUILE BUILE		967	Richards		Easton 7	Calbot Md.
24 FUNERAL DIRECT	OR . / /	17	ADDRESS		24	RAR'S SIGNATURE
Xlean	of HAR	Ma	W Counton	DATE MA	Y 1 0 1967 gc	carles Judge.
	V			-		() () 5

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS 201 W PRESTON STREET RAITIMORE MARYLAND 21201

			97429 CERTIFICATE	OF DEATH	07404
death.		1	PLACE OF DEATH	2 USUAL RESIDENCE (Where deceased lived, if institution- Resid	ence before admission)/
ter d	1		o COUNTY Wicomico MARYLAND	o STATE Maryland b. COUNTY Ta	
urs af		1	b CITY OR TOWN (If outside corporate limits, write RURAL and give nearest pown) Salisbury (Nural) 1 nicek	Bellevue (rural)	rive negrest town)
crematian, ar remaval, and in any event, workin 72 hours after			d. NAME DE HOSPITAL DR INSTITUTION (H not in haspital give street address) RFD #5 Pemberton Drive	d. STREET ADDRESS	e IS RESIDENCE ON A FARM?
	7	3.	NAME OF First Middle	"Claylands"	Doy Yegr
}			DECEASED (Type or pnnt) Bessie Owens Neumann	OF DEATH May	4 29 167
		5	Female 6. COLOR OR RACE 7. MARRIED NEVER MARRIED DIVORCED	8 DATE OF BIRTH 4/25 1879 9 AGE (In years IEUNDI	Doys Hours Min.
			USUAL OCCUPATION (Give kind of work done ing spost of working life, even if retired) Housework USUAL OCCUPATION (Give kind of work done in the sport of kind		COUNTRY?
		13.	FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
		15	George Owers WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	Ellen Atwell INFORMANT Address	
		(Ye	K no or unknown) If If yes give wor or dotes of service)	. A. C. Neunam, Salisbury,	nd.
			18. CAUSE OF DEATH (Enter only one cause per line for (a), tb), and (c), PART I. DEATH WAS CAUSED BY:	VRAY ENGLI	ONSEL AND DEATH
			DUE TO	Sensy / Gust X	Roun
			Conditions, if ony, which gove nse to immediate couse (a). DUE TO		
			stoting the underlying cause (c)		
	<i>I</i>	ATION	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o)	19 WAS A TOPSY PERFORMED? YES NO
		CERTIFICATION	206 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	(Enter nature of injury in Port 1 or Part II of Item 18)	
		0 G	1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1	ICE DF INJURY (Home, farm, 20f (City or town)	County) (Stote)
		MED		tory, street, affice bldg., etc.)	. ,
		ME	21. I certify that (!) (this haspital), attended the deceased fram	May 39, 1967, to Way 29, 19	15/1 that (I) (we) last
		ME	pm. 19 of wark of work 21. certify that (1) (this haspital) attended the deceased from	I death accurred at 2 40 PM, from cayses and an	
		ME	21. I certify that (I) (this haspital) attended the deceased frames aw the deceased alive an according to the same that 220 SIGNATURE. 220 SIGNATURE 220 M.I. M.I. M.I. M.I. M.I. M.I. M.I. M.I	It death accurred at 2 April, fram cayses and an ATTENDING MED. STAFF 22b. D PHYS DIRECTOR PHYS. D 9.	the date stated above
	,	ME	21. I certify that (!) (this haspital) attended the deceased framesaw the deceased alive an according to the deceased framesaw the deceased alive and the saw the deceased alive and the saw the deceased framesaw the decea	it death accurred at 2 40 PM, fram cayses and an ATTENDING MED. STAFF 22b.	the date stated above
			21. I certify that (I) (this haspital) attended the deceased framesaw the deceased alive an according to the deceased framesaw the deceased alive an according to the deceased framesaw the deceased alive and the deceased framesaw the deceased	death accurred at 2 40 pm, from causes and an ATTENDING MED. D PHYS D DIRECTOR PHYS. D 9 22d ADDRESS	the date stated above

TO HOSPITAL OR ATTEMBING PHYSICIAN: The law requires that the Heath certificats be executed within 24 Baurs after Page 4 may be retained by the haspital at attending playsician.



MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH 977.20

- 1		J 4 40 V	CERTIFICATE	OI DEATH	,	, . 100
f		PLACE OF DEATH		2 USUAL RESIDENCE (Where d		sidence before admission)
ĺ	-0	COUNTY	MARYLAND	o STATE	b COUNTY	ASIMASICA
ŀ	1	VICOMICO CITY OR TOWN (If outside corporate limits,		c. CITY OR TOWN (If outside co	sporote senses write PUPAL and	Contract tourn
1	L	write RURAL and give nearest tawn)	, Californ of State III	52116011	D V	give newcar rowing
ļ.		Salisbury		211412 DN	V.	/
I	d	NAME OF HOSPITAL OR INSTITUTION (If no	t in haspital, give street address)	d STREET ADDRESS	1 3	B IS RESIDENCE ON A FARMA
ı		Peninsula Gene	eral Hospital	RT. 2. JERSE	4 KOAD	YES NO NO
f		NAME OF Fire			ATE Month	Day Year
		Type or print) ALBERT	N/OK	PALEET DE	ATH MAY	1 1967
S	_	EX 6 COLOR OR RACE		DATE OF BIRTH	9 AGE (In years FEUN	
	,	MALE NEERO	WIDOWED DIVORCED	MT / 1997	ast onthony) Mani	ths Days Haurs Min_
	1	7-7-		201001010		0.0071771 05 100147
		USUA, OCCLPATION (Give kind of work doneing most of work ng I fe, even if retired)	10b KIND OF BUSINESS OR	11 BIRTHPLACE (County & Stote,	or tareign country)	2. CITIZEN OF WHAT COUNTRY TO
•	F	IKEMAN	LABBREL	NORTH CA	Rolina	いけいい
ſ	13.	FATHER'S NAME		14. MOTHER'S MAIDEN NAME		
		IINK		MINK.		
F	15	WAS DECEASED EVER IN U.S. ARMED FORCES?	16. SOCIAL SECURITY NO 17 I	NFORMANT	Address	
ı	(Ye	na, ar unknawn) (If yes give war ar dates al		RS. IRMA. NO	REIGGT D	13. JERSEY RI
		LAS MININE		12 * VIII U · MA	ALYCEL VI	a.oursel VI
I	ı	18. CAUSE OF DEATH (Enter only one cause PART I. DEATH WAS CAUSED BY	se per line for (a), (b), and (c))	. 0 /.	!	INTERVAL BETWEEN ONSET AND DEATH
l		IMMEDIATE CALISE ((a) Cerricos	at tel	<u>u</u>	remental
l		58/0 DUE	TO	U	•	
۱		Conditions, if ony, which gave	(b)			
ı		nse to immediate cause (a), stating the underlying cause	TO			
I			(d)			
	ŀ		ONTRIBUTING TO DEATH BUT NOT RELATED TO 1	HE TERMINAL DISEASE CONDITION	GIVEN IN PART 1(a)	19. WAS AUTOPSY
	FICATION	-			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	PERFORMED? YES NO DE
	₫.	Do Lee Delty Wile (Dibra Mile 77	Look Describe would have described	(Parameter State of the Parameter State of th	- D - H - C 2 10.1	TES LI NO REI
1	CERT	20g ACC DENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH	205, DESCRIBE HOW INJURY OCCURRED.	criter nature of injury in Port I o	rouf II of Hem) 18)	·
		(IF EITHER, NOTIFY MEDICAL EXAMINER)				
1	MEDICAL	20c TIME OF INJURY Month, Doy, Year Hour a.m.		TE OF INJURY (Hame, farm, pry, street, office bldg , etc.)	20f. (City or town)	(County) (State)
	ž	p.m. 19	While Not White of facts	ory, arrear, other blog , etc.)	d .	
I			pital) attended the deceased fram	4-26,1960	L. to 5-4	186 /, that (1) (we) las
		saw the deceased alive an		death accurred at 20%		on the date stated above
	ŀ	22g. SIGNATURE			22	b. DATE SIGNED
		119-520	1000 H MI	ATTENDING MED. PHYS. DIRECT	STAFF D	5-CL-67
ŀ	H	22c PHYSICIAN'S	TX TX	22d ADDRESS	OK - 11113 1	T V
l	- 1	NAME (Type)	V			•
	20	BURIAL CREMATION. 23b DATE THE	REOF A 28 INAME OF CEMETERY OR	CDEMATORY I of	LOCATION (Carrow Town)	(County) (See-)
1	9	BURIAL, CREMATION, 23b DATE THE REMOVAL (Specify)) 101 11 Mi.	CREMATURT	LOCATION (City or Town)	(County) (State)
ŀ	X	many Millery	1 1616 Clan Ca	4	CHONER CE	ar comment
L	24 J	EUNERAL PIRECTO	ADDRESS	2So REC'D BY RE	Ert ben iff	R'S SIGNATURE
	٦.	A lo of Your Al	Me Sliles rech	MAY 2 5	1967 Jellan	Mes Judge

10 HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after Page 4 may be retained by the hospitol or attending physician.

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VR A15 (4) 15M 4-64

MARYLAND STATE DEPARTMENT OF HEALTH	
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MAR	YLAND

	07431		CERTIFICA	IE UF DEATH		17.4115	
1.	PLACE OF DEATH			2. USUAL RESIDENCE (Wh	ere deceased lives, If Instit	ution; Residence before admiss	lon)
	Wild	omico	MARYLAND	Maryla		Wicomico	
	b. CITY OR TOWN	omico V (if outside corporate limit and give nearest town)	s, c. LENGTH OF STAY IN 15	c. CITY OR TOWN (If outside	e corporate limits, write	RURAL and give nearest to	wn)
1		isburv		Parson	sburg	,	
-			ot in hospital, give street address			e. IS RESIDEN ON A FARM	ICE 17
	Wic	omico Nursir	ng Home	(in vi		YES NO	
3.	NAME DE DECEASED	First	Middle		DATE Month	Day Year	
	(Type or print)	(Delia) CORDE	ELIA MAY	L LIM (IVIDIA)	DEATH May	31 1967	ATT O
5.	SEX		RRIED NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years 15 last birthday) M	UNDER 1 YEAR IF UNDER 24 H	In.
	Female	White WID	OWED DIVORCED	Aug.20,1887	/ Syrs.	9 11	
10a dur	I. USUAL OCCUPAT	ION (Give kind of work done ng life, even if retired)	10b, KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (County &	: State, or foreign country)	12. CITIZEN OF WHAT COUNTRY?	
		,	lurse	Maryland		USA	
13	. FATHER'S NAM	E		14. MOTHER'S MAIDEN NA	ME		
	Joshua	J. Parker		Leauvenia			
		VER IN U.S. ARMED FORCES? (If yes give war or dates of service		Mr. Clifford		(Cousin)	
	No		213-22-6364	Parsonsburg,	Maryland		
		/	e per line for (a), (b), apd (c)	1200 1		INTERVAL BETWE	EN TH
	PART I. DE	ATH WAS CAUSED BY:	elevias 1	univeza		HWKs.	_
	7 X	DUE TO	,				
1	Conditions, if						
	gave rise to cause (a), st					1	
	underlying caus	e last.					
NO.	PART II. OTHER S	IGNIFICANT CONDITIONS CO	NTRIBUTING TO DEATH BUT NOT RE	LATED TO THE TERMINAL DISEAS	E CONDITION GIVEN IN P	ART 1(a) 19. WAS AUTOP PERFORMED	
SA.		5	Proused	aull Fall	us	YES NO	
<u> </u>	20a. ACCIDENT	WAS UNDERLYING	20b. DESCRIBE HOW WIJURY OC	CURRED. (Enter nature of Injur	y in Part I or Part II of	Item 18.)	
CERTIFICATION	(IF EITHER, NO	NG T CAUSE OF DEATH	A\IA				
통	20c. TIME OF	NJURY Month, Day, Year	20d. INJURY OCCURRED 20e. P		20f. (City or town)	(County) (State	8)
MEDICAL	Hour a.m	1	While Not While at work	ctory, street, office bldg., etc.)	3		
2			extended the deceased from	HP App. 196	On 2/30	. 196 Z that (I) (we)	last
		ceased alive on	30 1967, and th	hat death occurred at 2:5	B, from the causes a	nd on the date stated ab	ove.
	22 STENATIVE	11/201/1/		ATTENDING MED	P.M. STAFF	22b. DATE SIGNED	
	7000	W Klubs	7	A.D. PHYS. DIREC		May 3 / /19	67
	22c PHYSICIA NAME (T)	N'S/		22d. ADDRESS		-	
	4	Dr. E. M.	Beardsley			alisbury, Md	
23	a. BURIAL, CREN REMOVAL (Spi	MATION, 23b. DATE THERE			d. LOCATION (City, tov)
	Burial	June 3.1	967 Parsons Ce	metery 25a, REC'D BY	Salisbury,	Maryland GISTRAR'S SIGNATURE	
2			Y, SALISBURY,	HILL		Monley Judge	
_	TIOLLUN	MI & COMPAIN	I, OTILL SHORT,	MD. DATE JUN	0 1001 11	10	

OF HEALTH

07/107

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH 97432

	<u> </u>				
1. PLACE OF DEAT •. COUNTY	Wicomico	MARYLAND			, If institution: Rasidance bafore edmission) OUNTY WICOMICO
b. city or town Par sons bu	(if outside corporate limits, od give nearest town) all	c. LENGTH OF STAY IN 16		(If outside corporate limits, v. 1) Parsonsh	write RURAL and give neerest town)
	ITAL OR INSTITUTION (if no	of in hospital, give street address)	d. STREET ADDRESS	The second second	e. IS RESIDENCE ON A FARM? YES A NO
3. NAME OF DECEASED (Type or print)	Asbury	Middle Turner	Parsons	4. DATE MAY	onthDayYear
5. SEX Male	White	MARRIED NEVER MARRIED DIVORCED DIVORCED	s. DATE OF BIRTH Sept.12,18	9. AGE (In ye lant birthde 85 yn	y) Months Days Hours Min.
done during most of w	TION (Give kind of work rorking life, even if retired)	Farming	TRY 11. BIRTHPLACE (State		12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME	William T.	Parsons	Mary A.	Adkins	
	VER IN U.S. ARMED FORCES (Illyesgivawarordelesofaervi	cel	. Willard	PLE111 52	Route 1
Conditions, if an gave rise to immed (a), stating the cause lest.	diate couse undarlying DUE TO	NS CONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERM	INAL DISEASE CONDITION	
PART II. OTHI		DESCRIBE HOW INJURY OCCURRED	. (Enter nature of Injury in	Part I or Part II of itam 18.)	YES NO
20c. TIME OF INU Hour e.m. p.m.	URY Month, Day, Year		ACE OF INJURY (Home, far ctory, straet, office bldg., at		(County) (State)
21. I certify to death resulted		he remains described above, hes Accident . Sui	cide, Homicide	Undetermined	uiry and in my opinion
ACTUAL SIGNATURE	En (Ry	M.D.	DICAL EXAMINER	DATE SIGNED
EXAMINER'S NAME (Type)	E 11	//	MEDITTY MEDICA	AL EXAMINER	Marie 12 2 2 22
00 00014	レスイート	1867 R	Address Street,	city lowe, or sounty)	5-02-17
228. BURIAL, CREMATI REMOVAL (Specif Burial 23. FUNERAL DIRECTO	" 5/24/196	22c. NAME OF CEMETERY CO. 7 Bethel Chu	Address Street, or crematory	\	witch Md.

VR A15ME 5M 1/63

TO DEPUTY

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VR A15 (4) 15M 4-64

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 07433 CERTIFICATE OF DEATH 07408

1	. PLACE OF DEATH a. COUNTY				E (Where deceased 10)	red, If Institution	n: Residence before admission)
	Wicomico		MARYLAND	a. STATE	yland		icomico
-	b. CITY OR TOWN (.f outside c write RURAL and give near	orporate limits, est town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If	outside corporate l		RAL and give nearest town)
	Powellvill			Pov	rellville		1
	d. NAME OF HOSPITAL OR INST	FITUTION (if not In h	ospital, give street address)	d. STREET ADDRESS			e. IS RESIDENCE ON A FARM?
	In Village			In_	village		YES NO
- 3	. NAME OF	First	Middle	Last	4. DATE	Month	Day Year
	DECEASED (Type or print)	JAMES	ASBURY	PERDUE	OF DEATH	May	10 1967
5	6. COLOR OR	RACE 7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years IF UNI Irthday) Monti	DER 1 YEAR IF UNDER 24 HRS.
П	Male White	WIDOWED	DIVORCED	April 13,18	82 85	yrs. O	hs Days Hours Min.
1	Oa. USUAL OCCUPATION (Give kind our ing most of working life, even in	of work done 10b. k	(IND OF BUSINESS OR NDUSTRY		ounty & State, or forei	3.01	2. CITIZEN OF WHAT
	(Retired-Clerk)		ocerv Store	Powellvi	lle, Maryl	and	USA
ī	13. FATHER'S NAME	1 002	00020	14. MOTHER'S MAIL			
	John Gordy Perdi	16			ne Adkins		
1	15. WAS DECEASED EVER IN U.S. AR Yes, no, or unknown) (If yes give war o	MED FORCES? 16.		INFORMANT		Address	
L	No	2.	16-14-9864	Ar. Rosece P Powellville,	Maryland		
	18. CAUSE OF DEATH [Enter	only one cause per l	line for (a), (b), and (c)		1 41		INTERVAL BETWEEN ONSET AND DEATH
	PART I, DEATH WAS CAUS	SED BY:	Preite /	nutra	rdeter	3	OHOLI AND DEATH
П	*, ~ 11	DUE TO	D	Xa		e and	
	Conditions, if any, which \	(b)	knones	(1) Wy	- cold	le le	フ
П	gave rise to immediate	DUE TO	0	7-1	0		
	cause (a), stating the underlying cause last.	(c)	Kroner	Esse	shey	Elm	4
50	PART II. OTHER SIGNIFICANT CO	ONDITIONS CONTRIB	UTING TO DEATH BUT NOT REL	ATED TO THE TERMINAL	ISEASE CONDUT ON	GIVEN IN PART 1	1(a) 19. WAS AUTOPSY PERFORMED?
NOTEST	3				0		YES NO A
1212	20a. ACCIDENT WAS UNDERLY	ING [] 20b.	DESCRIBE HOW INJURY OCCI	URRED. (Enter nature o	f Injury in Part I or	Part il of Item	1 18.)
		EXAMINER)	N/A				
4	20c. TIME OF INJURY Month	, Day, Year 20d.	INJURY OCCURRED 200, PLA	CE OF INJURY (Home, fabry, street, office bldg., e	arm, 20f. (City or	town)	(County) (Stete)
SACTO PAL	Hour a.m.	While at wor	- NOT WILLS 1	a y f a crock a moo pid 8 d	125	0 10	
"		shosbital) attend	led the deceased from L	-/ .1	9 to -/	0-6/1	9 that (I) (w/w/ last
П	saw the deceased alive		19 and tha	t death occurred at	M. from the	causes and o	on the date stated above.
	22a STONATURE	- / /)			220	. DATE SIGNED
	Chiffers &	XXX	ell M.I	ATTENDING PHYS.	MED. STA		May // /1967
1	22c. PHYSIONA'S	/		22d. ADDRESS			7
L	NAME (Toe) Dr. (lifford E.	. Schott	314 N. M.	ain St., E	Berlin,	Maryland
2	3a. BURIAL, CREMATION, 23b. REMOVAL (Specify)	DATE THEREOF	23c. NAME OF CEMETER	Y OR CREMATORY	23d. LOCATION	(City, town or	r county) (State)
	Burial May	13, 1967	St. John's Ceme	etery		ville, M	
	24. FUNERAL DIRECTOR		ADDRESS	25a. RE	C'D BY REGISTRAR	44.000.00	
	HOLLOWAY & COM	PANY, SALI	SHURY, WARYLAN.	DATEMA	Y 15 1967	fille	when Judge
							77 - 77

The second

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TO HOTPITAL OR ATTEMBING PHYSICIAN: The IDE regulres that the death certificate be executed within 24 hours after death.

Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending pury sign and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1/and should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. MARYLAND STATE DEPARTMENT OF HEALTH

	DIVISIO	N OF STATISTIC	CAL RESE		ECORDS,	301 W. F		N STREET		ORE 1, M	ARYLAND	,
	07434			CERTI	FICATE	OF	DEATH				0740	3
1.	PLACE DF DEAT	H			i			E (Where decea	sed lived, If i		sidence before	admission)
	Wi	comico		M	RYLAND	a. STA	Mary			Wie	comico	
	b. CITY DR TDW write RURAL	N (if outside corpora and give nearest tow	te limits,	c. LENGTH DF S	TAY IN 1b	C. CITY DR	TDWN (If	outside corpo	rete ilmits, v	write RURAL	end give near	est town)
	Se	lisbury						sbury		279	17-1	
	d. NAME OF HO	SPITAL OR INSTITUTION	N (If not in h	ospital, give stre	et address)	d. STREET	ADDRESS				e. IS R	ESIDENCE FARM?
	Wi	comico Nurs	sing Hor	ne			733	Camden	Avenue		YES	
3.	NAME OF DECEASED		rst	Middle		Last		4. DATE DF	Mor	nth		ear
_	(Type or print)		GUERIT			PHILI		DEATH	May			67
5.	SEX	6. COLOR DR RACE	7. MARRIED	NEVER MAR					AGE (In year last birthday	Months	YEAR IFUND	
	Female	White	WIDDWED	<u> </u>		arch 4		2	(yrs.	2 .	11	
10a dur	2. USUAL DCCUPA'	TIDN (Give kind of work ling life, even if retire	done 10b. K	IND DE BUSINESS VDUSTRY	DR		,	unty & State, o	_	CO	TIZEN OF WH UNTRY?	AT
	Social W		Wel	fare Off	ice			land Co	unty,	Va.	USA	
13.	. FATHER'S NAM	AE .				14. MDTH	IER'S MAID	EN NAME				
	Robert B							Nelms				
15 (Ye	S. WAS DECEASED	EVER IN U.S. ARMED FO (If yes give war or dates of	RCES? 16.	SDCIALSECURITY	ND. 17.	INFORMANT	Row	Phillip	Addi			
	No			6-56-177	1	733 Ce	mden	Phillip Avenue,	Salis	bury,	Marylar	ı <u>d</u>
		DEATH [Enter only on		ine for (a), (b), an	d (c).1	10	51	7	1		INTERVOOR ON EXAM	BETWEEN DEATH
	PART I. D	EATH WAS CAUSED BY IMMEDIATE CAUSE	(a) / K	MOGL	de	1 6	-eu	cleo	n		1aac	4
	,	DUE				-	/					
	Conditions, if		(b)									
	gave rise to cause (a), s	immediate (TO									
_	underlying caus	se last.	(c).									
ē	PART IN OTHER	SIGNIFICATE CONDITI	ONECONTRIBL	IT NG TO DEATH B	UT NOT RELA	O TO THET	FERMINALD	ISEASE COND	TION GIVEN	IN PART 1(2)		AUTDPSY DRMED?
2	VOGER	receive a	arra	LOURSE	- 00	Usul	E V	Were	2		YES 🗌	NO X
CERTIFICATION	20a, ACC/DENT	WAS UNDERLY INC.	TH 20b. I	ESCRIBE HOW I	NJURY OCCU	RRED. (Ente	r nature of	injury in Par	t I or Part II	of Item 18.)	
	(IF EITHER, NO	ING CAUSE DE DEA TIFY MEDICAL EXAMI	NER)		N/A		0					
MEDICAL		INJURY Month, Day,		NJURY OCCURRE	20e. PLAC	E OF INJUR	Y (Home, fa	rm, 20f. (0	Ity or town)	(Cou	nty)	(State)
	Hour a.	m. 19	While at work	Not While at work		,,						
-	21. i porti	fy that (I) (this hos	pital) attend	ed the decease	d from	5/8	pp., 19	67, to	5/15	196	Z, that (1)	(we) last
	saw the de	ceased alive on	5/15	1967	_, and that	death occ	urred at 1	0:30, from	n the cause	s and on th	ne date stat	
	22a. SIGNUTU	Y/// /	201/1/	Nes		ATTENDI	NC -4	JANA	STAFF -	22b. D/	ATE SIGNED	
	Low	11/1	uyo	7	M.D.	11110.	1	MED. DIRECTOR	PHYS.	livit	ay / 3 /	1967
1	22c PHYSICI NAME (T	vno!	f D	2 1			DORESS	2 2 /	~			
<u></u>		Dr. E. A						land Av				(Chuha)
232	BURIAL, CREM REMOVAL (SP BURIAL)	MATIDN, 23b. DATE ecify)		23c. NAME D			ץאטו		ATION (City,			(State)
24	BUTIAL . FUNERAL DIR		1967	Parsons	Cemete	ry	25a. REC	Salis D BY REGIST	Boury,	Mary la	DO S SIGNATURE	
1 24												
1	TOTTOM	AY & COMPAN	Y, SALI	SBURY, M	ARYLAN	U	DATA	Y 1 9 4	967	Maril	By Jucky	16

VR A15 (4) 15M 4-64

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MADVIAND STATE DEDADTMENT OF HEALTH

LAND 21201 07410

Division of STATISTICAL R	SEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARY
7435	CERTIFICATE OF DEATH
OF DEATH UNITY VLCOMICO	MARYLAND 2 USUAL RESIDENCE (Where deceased lived, if institute of STATE MARYLAND b. COU
Y OR TOWN III autoide cornorete limite	C LENGTH OF STAY IN 1h C CITY OR TOWN (If pursule componete limits write Rt

1.	PLACE OF DEATH	2 USUAL RESIDENCE (Where deceased lived, if institution. Residence before dam ssion)
,	o. COUNTY MARYLAND	O STATEM ARILLAND 6. COUNTY WICOMICO
	CITY OR TOWN (If autside corporate timits, CLENGTH OF STAY IN 16	c CITY OR TOWN (If ourside corporate limits, write RURA, and give negrest town)
	write RURAL and give nearest town)	SALISHURY
-	1. NAME OF HOSPITAL OR INSTITUTION (If nat in hospital, give street address)	d STREET ADORESS e IS RESIDENCE
	Peninsula General Hospital	R.D. #1 (Shad Point) ON A FARM?
	NAME OF Pirst Middle	ost 4. DATE Month Day Year
	DECEASED (Type or print) RESTON NORMAN	CKITT DEATH MAY 12 1967
S	SEX 6 COLOR OR RACE 7 MARRIED X NEVER MARRIED	B. DATE OF BIRTH 9 AGE (In years FUNDER 1 YEAR IF UNDER 24 HR.
11	ALP WIDOWED DIVORCED	7-22-11 55 Yrs 9 20 10015 10015
	USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR	11 BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT
	ng most of working even if retired) INDUSTRY Courity Guard Hospital	Salis bury, Maryland USA
	FATHER'S NAME	14. MOTHER'S MAIDEN NAME
	Narman S Davids	A
15	Norman S. Pruitt WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. I	Anna Ward NFORMANT Address
(Ye	s, na, ar unknown) (If yes give wer or dates af service) 200 14 2012	Mrs. Theodosia S. Pruitt (Wife)
-		R.D. #1. Salisbury, Mary land INTERVAL DETWEEN
	18 CAUSE OF DEATH (Enter anly one couse per line far (a), (b), and (c)) PART DEATH WAS CAUSED BY:	Sunder Hout Pargoil Constant Design
	IMMEDIATE CAUSE (0)	accord (occur) (saccede / overlage
	Canditians, if ony, which gave)	
	rise to immediate couse (o), DUE TO	
	stating the underlying cause	
		THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS ALTOPSY
No	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO 1	PERFORMED?
CERTIF CATION		YES NO D
RTIF	205. DESCRIBE HOW INJURY OCCURRED TO CONTRIBUTING □ CAUSE OF DEATH	(Enter nature of injury in Part I ar Port II of item 18.)
	(IF EITHER, NOTIFY MEDICAL EXAMINER) N/A	
WEDICAL		CE OF INJURY (Home, form, 20f (City or town) (County) (State) ory, street, office bldg., etc.)
墨	p.m. 19 at wark at work	y y allow y of the bridgy of the
	21. I certify that (I) (this haspital) attended the deceased fram_	5-10, 186/-, to 3-12, 196) that (11)(we) 1
		t death accurred at 7 4 M, fram causes and an the date stated abo
	220 SIGNATURE	ATTENDING MED. STAFF 226 DATE SIGNED
	10), Olose X COCAT MI	D. PHYS DIRECTOR L PHYS L 3-12-6/
	NAME (Type) 1/// 640 R FILE D	22d, ADDRESS
	WILDUK A LEGIS, YY	VIICOUCHI CCOTER - SHI-ISTURY, III
230	BURIAL, CREMATION, 23b DATE THEREOF 23t NAME OF CEMETERY OR	CREMATORY 23d LOCATION (City or Town) (County) (State)
	Burial May 14, 1967 Shad Point Ce	metery Wicomico County, Maryland
24	FUNERAL DIRECTOR ADDRESS	25g REC'D BY REGISTRAR 25b REGISTRAR'S SIGNATURE

ADDRESS

& COMPANY, SALISBURY, MARYLAND

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campleten they may in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remaye careon pepers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, crematian, or remayal, and in any event, within 72 haurs after death. Page 4 may be retained by the haspital ar attending physician. VR A15 (4) 20 M 1/66

24. FUNERAL DIRECTOR

HOLLOWAY

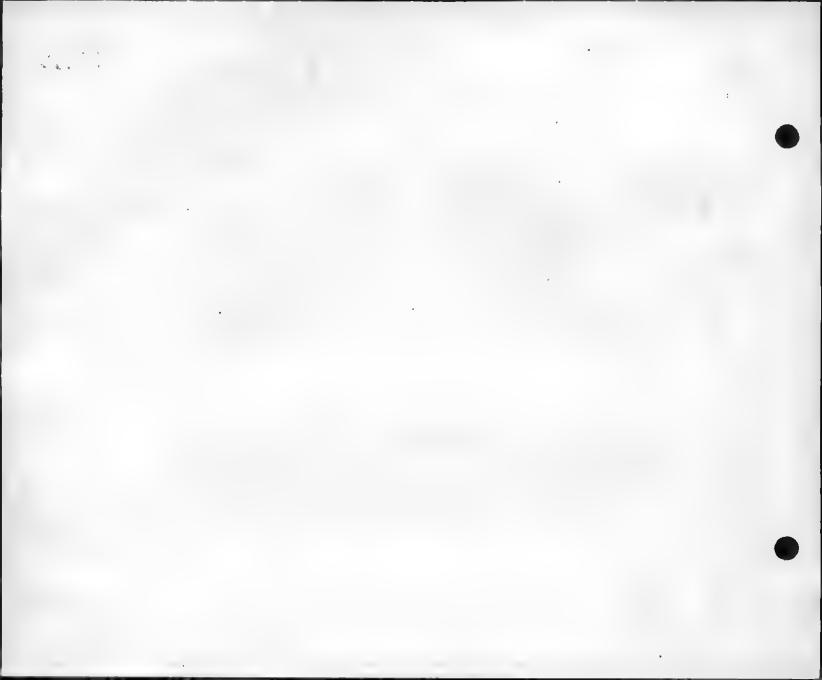
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MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 07436 CERTIFICATE OF DEATH

		0 - 2					
	1.	PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived, if institution	in- Residence before admission)	
	-	o. COUNTY. √icomico	MARYLAND	o. STATE Maryland b. COUNTY Wicomico			
		b CITY OR TOWN (If outside corporate limits,	c. LENGTH OF STAY IN 16	1	utside corporate fimits, write RURA	Al and give nearest town)	
		write RURAL and give nearest tawn)	C. C.NO(I) OI SIAI III IO	1	sbury	te old give hebitest town,	
-	_	Salisbury			Soury	× · / · · · · · · · · · · · · · · · · ·	
		d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, gi	ive street oddress)	d. STREET ADDRESS	····· Cimala	e IS RESIDENCE ON A FARM?	
/ ·	-	Peninsula General			way Circle	AEZ NO 🛪	
,		NAME OF LULA First GAMBR! (Type or pnnt)	ILL Middle P	PUSEV	4 DATE Month OF DEATH M /4 //	Doy Year 19 67	
1	5	SEX 6. COLOR OR RACE 7 MARRIED	NEVER MARRIED	8 DATE OF BIRTH	9. AGE (In years	Months Doys Hours Min	
	F	EMALE WHITE WIDOWED	DIVORCED	Feb. 15, 18	197 last b rthdgy) yrs	Months Doys Hours Min	
		SUAL OCCUPATION (Give kind of work done 10b KIN) ing most of working life eyen if retired Gift Short	ND OF BUSINESS OR DUSTRY (Gifts)	, ,	(& State, or foreign country) Co., Maryland	12. CITIZEN OF WHAT COUNTRY?	
	_	· · · · · · · · · · · · · · · · · · ·	p (GIILES)			USA	
	13	FATHER S NAME		14. MOTHER'S MAIDEN			
		William H. Gambrill			Taylor		
	15			INFORMANT	Addres	s	
	110	No No	12-16-5797 C	arl L. Pusey	, Jr., Easton,	Maryland	
		18 CAUSE OF DEATH (Enter only one couse per line for	(o), (b), and (c).)	J.	+ 11	INTERVAL BETWEEN ONSET AND DEATH	
		PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a)	Alriackero	su Her	in Vesea	ONSET AND DEATH	
	4200 DUE TO						
		Conditions, if ony, which gove) (b)					
		rise to immediate couse (o), Stating the underlying couse DUE TO					
		last. (c)					
		PART IT OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO	O DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CO	NDITION GIVEN IN PART 3(a)	19 WAS AUTOPSY	
2	OII)	Avoricleal last	nned: (of	Manneson	Complus	PERFORMED?	
	151	20g ACC DENT WAS UNDERLYING ☐ 20b. DES	SCRIBE HOW INJURY OCCURRED	(Enter noture of injury in		74	
	CERTIFICATION	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		0	,		
	MEDICAL	20c TIME OF INJURY Month, Doy, Year 20d IN		LACE OF INJURY (Home, for		(County) (Stote)	
	MEE	Hour o.m. While of work		octopy, Greet, office bldg , etc.) la Oa		
		21. I certify that (I) (this hospital) attend		Hen 1	196/-10 May 6		
		sow the deceased alive on Maca	6 19 6 7, and th			and on the date stated above	
		220 SIGNATURE -/	, ,	ATTENDING	MED. STAFF	22b. DATE SIGNED	
	4	March J. Lilen	cone 1	N.D. PHYS L	DIRECTOR PHYS.		
		22c. PHYSICIAN S NAME (Type)		22d. ADDRESS			
- [NAMC(17pe)					
	230	BURIAL, CREMATION, 23b DATE THEREOF	23c. NAME OF CEMETERY OF	R CREMATORY	23d LOCATION (City or Tow		
0		REMOVAL(Specify) May 8, 1967	Washington	Cemetery	Hurlock, Mar		
	24	FUNERAL DIRECTOR austous A.	ADDRESS	2So. REC	/1/4	SISTRAR S SIGNATURE .	
, 4	J.	./J. Frampton and son, Fed	eralsburg, Ma	ryland DATMA	Y 15 1967 /	harles Judge	

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 should be detached far use as the burial-transit permit. Then please repove-sarban papers. Pages I drad shall be filed with the State Dept. of Health priar to burial, cremation, ar remaval, and in language event, within 72 hours after deather. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the haspital ar attending physician. VR A15 (4) 20 M 1/66



MARYLAND STATE DEPARTMENT OF HEALTH RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 Division of STATISTICAL RESEARCH AND 07437 DEATH OF I PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) o. COUNTY. b. COUNTY Vicomico MARYLAND TALBO b CITY OR TOWN (If autside corporate limits, write RURAL and give nearest tawn) CLENGTH OF STAY IN 16 c CITY OR TOWN (th outside corporate limits, write RURAL and give nearest town) APP Salisbury B IS RESIDENCE ON A FARM? d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS YES NO TO Peninsula General 3 NAME OF Middle 4 DATE Month First Day Lost Yea: DECEASED 0F MAY 19 (Type or print) DEATH AGE (In years IF LINDER 1 YEAR IF UNDER 24 HRS SEX DATE OF BIRTH 6 COLOR OR RACE NEVER MARRIED 7 MARRIED lost birthdoy) Months Dovs Hours WIDOWED DIVORCED 10b. KIND OF BUSINESS OR 12 CITIZEN OF WHAT 10o USUA, OCCUPATION (Give kind of work done COUNTRY? during most of working rie, even if ret red) INDUSTRY OUSTEWIFE SELF 13 FATHER'S NAME 14 1 7 WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unknown) (If yes give wor or dates of service) INTERVAL BETWEEN CAUSE OF DEATH (Enter only one couse per line, for (o), (b), and (c) ONSET AND DEATH PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) 5 mos DUE TO Conditions, if any, which gave nse to immediate couse (o). DUE TO stating the underlying couse lost WAS AUTOPSY PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PERFORMED? NO

200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING I CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

20c. TIME OF INJURY Month, Day, Year

20d INJURY OCCURRED

41967

205 DESCRIBE HOW INITIRY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.)

20f (City or Jown)

(Stote)

Hour om. 2). I certify that (1) (this hospital) attended the deceased from

Not While

20e PLACE OF INJURY (Home, form, foctory, street, office bldg , etc.)

19 6 /. to . 19 62, that (1) (we) last , and that death occurred at 11 530 M, from causes and on the date stated above.

sow the deceased olive on 220 SIGNATURE

MD. PHYS 22d. ADDRESS

MED. DIRECTOR

STAFF PHYS.

22b. DATE SIGNED

(County)

22c. PHYSICIAN'S NAME (Type)

230 BURIAL CREMATION

23b DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY

corcon 23d. LOCATION (City or Town)

(County) (Stote)

O FUNERAL DIRECTOR: After this certificate has been directar, page 3 should be detached far use as the shauld be filed with the State Dept. af Health priar ta SEMOVAL (Specify)

CERTIFICATION

MED.CAL

24 FUNERAL DIRECTOR

GREBIK

BY, REGISTRAR 250

ALISBU. 5

REGISTRAR 5 SIGNATUR

VR A15 (4) 20 M 1/66

Page 4 may bm retained by thm haspital ar attending physician.

IN HOSPITAL OR ETTERNISHED

on papers. Pages 1

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completely tilled in

physician and

please

signed by the attending physburial transit permit. Then burial, cremation, or remayal

burial, crematian,

law requires that the death certificate by executed within 24 hours after

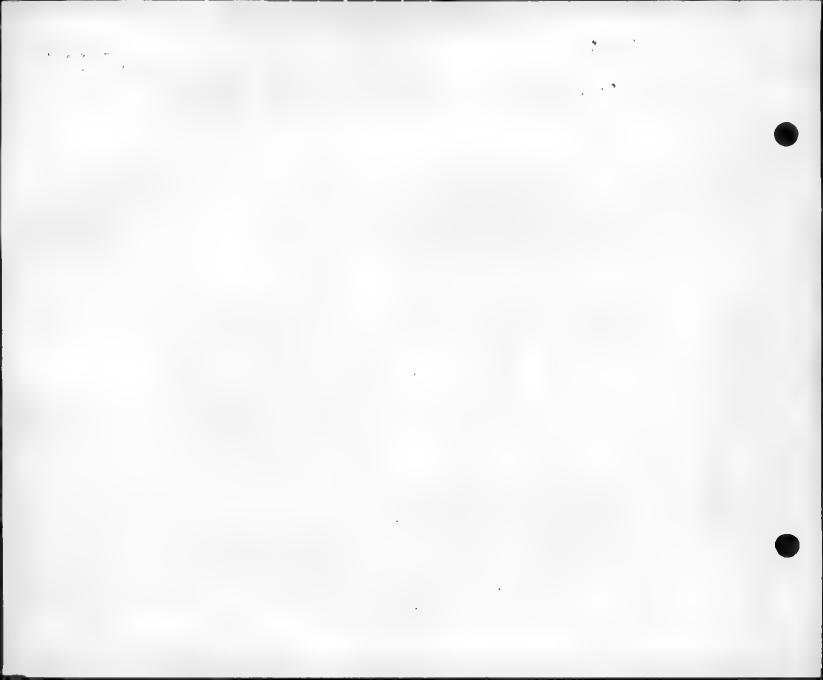
MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

	97438	CERTIFICATE	OF DEATH		07413
1.	PLACE OF DEATH			Where deceased lived, if institut an R	Residence before admission)
	a county Wicomico	MARYLAND	a. STATE Mar	b. COUNTY	Nicomera
	b CITY OR TOWN (If outside corporate limits,	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If au	tride carparate limits, write RURAL a	
	write RURAL and give nearest town)	20 dans	7	nevelelia	
	d. NAME OF HOSPITAL OR INSTITUTION (If not in haspitol,	give street address)	d. STREET ADDRESS		e IS RESIDENCE ON A FARM?
	Peninsula General I	Hospital			YES NO
3	NAME OF First	/ Middle	Lost	4. DATE Month	Doy Year
	(Type or print) Mathela O	bristine Sc	HWARTE	OF MAY	3 147
\$.	SEX 6. COLOR OR RACE 7. MARRIED	NEVER MARRIED 8	DATE OF BIRTH		UNDER 1 YEAR IF UNDER 24 HRS.
	Temak White WIDOWED	DIVORCED /	Wy 23 188	7 79 vrs	IIIII DOŞS FIOOIS MINI,
		IND OF BUSINESS OR	A. BIRTHPLACE (County	& State, or fareign country)	12. CITIZEN OF WHAT COUNTRY?
du	ring most of working life, even if retired). IN	Broker	Thew &	krp	05
13	3. FATHERIS NAME	4	14. MOTHER'S MAIDEN N	NAME	
L	John It Schwa	re	Mela 11	Teinper	
15	5. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 (es, na, ar unknawn) (If yes give war or dates at service)	SOCIAL SECURITY NO 17. II	NFORMANT	Address	
Ľ	100	18-03-1207			
	18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY.	47	- Sta	a AT:	INTERVAL BETWEEN ONSEF-AND: DEATH
	IMMEDIATE CAUSE (o)	Xanocclorate	C Dress	v yuran	- On
	Conditions, if any, which gave)	1 0 %	ti		
	nse ta immediate cause (a), DUE TO	vanexa u	JULION OU	" CLATTER -	
	stating the underlying cause				
	PART II, OTHER SIGNIFICANT CONSTITIONS CONTRIBUTING	TO DEATH BUT NOT RELATED TO T	HE TERMINAL DISEASE COM	IDITION GIVEN IN PART 1/a)	19 WAS AUTOPSY
NOU	0021	5-1		ADITION OFFER IN LYKE 1/07	PERFORMED?
FE	20a ACCIDENT WAS JNDERLYING D	ESCRIBE HOW INJURY OCCURRED (Enter nature of injury in	Port I or Port II of item 18.)	100 100
CERTIFICATION	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	SERIOL HOW HOOK! OCCORNED (construction of injury in t	TOTAL TOTAL TOTAL TOTAL	
MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. I	NJURY OCCURRED 2De PLAC	E OF INJURY (Home, farm	1. 20f. (City or town)	(County) (State)
MED	Hour a.m. While	Not While focto	ary, street, office bldg., etc.)		
	21. I certify that (I) (this hospital) often		(And 5)	96/ to (cay , 5	, 19 (that (1) (we) lost
	saw the deceased olive on	2 - 19 6 7 and that	deoth occurred of	12:5 AM, from causes and	
l	220. SIGNOSTURE		ATTENDING	MED. STAFF	22b. DATE SIGNED
	Samy It a low	M.D). PHYS.	DIRECTOR PHYS.	
	22c. PHYSICIANS NAME (Type)	ilmore	1110 ADDRESS	1 Center Sali	stury Wine May.
23	a BURIAL, CREMATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY OR C	CREMATORY	23d. LOCATION (City or Town)	(Caunty) (State)
	BENOVAL (Specky) 3/6/67	merdela	Cann	Mandelia U	We mour Med
2	44. FUNERAL DUREGTOR	ADDRESS /	25o. RECT	BY REGISTRAR 25b. REGISTS	RAR'S SIGNATURE
	William A Myron A	Johnson Sel	DATE MA	AY 8 1967 RCL	carles Indel

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remove carban papers. Pages 1 and shauld be filed with the State Dept. of Health priar to burial, crematian, ar removal, and in any-event, within 72 haurs after depth Page 4 may be retained by the haspital or attending physician.

VR A15 (4) 20 M 1/66



FOR STATE 2, and 3 to PM3. Page ite Department the certificate, writing the word pending" in pencil in Item 18. Give Pages 1, 2 4 should be forwarded to the Chief Medical Examiner's Office olang with form in pencil in Item 18. Give Pages MEDICAL EXAMINER: This certificate should be executed within 24 hours ofter death any event within 72 hours ofter death File pages land 2 burial-tronsit permit the word .≘ ond be used removoľ, 3 should b moy be retained far your FUNERAL DIRECTOR: Page the funeral director.

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 07439 MEDICAL EXAMINER'S CERTIFICATE OF DEATH PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived if institution Residence before admission) a. COUNTY b. COUNTY Wicomico Maryland Worcester b CITY OR TOWN (If outside carparate fimits, c. LENGTH OF STAY IN 16 c CITY OR TOWN (If outside carporate limits write RURAL and give negrest town) write RURAL and give nearest town) Salisbury Stockton d NAME OF HOSP TAL OR INSTITUTION (If nat in hospital, give street address) S RES DENCE d STREET ADDRESS Box 88 DOA Peninsula General Hospital YES NO [3 NAME OF Lost 4 DATE Month DECEASED D.F. LEWIS SIMS, SR. 5-29-67 CHARLES (Type or print) DEATH B DATE OF BIRTH IF LINDER 1 YEAR S. SEX 6 COLOR OR RACE 9 AGE (In years IE UNDER 24 HRS 7 MARRIED NEVER MARR ED ost britiday)
57 yrs Manths 6-23-09 WIDOWED D VORCED 10a JSUAL OCCUPAT ON (Give kind of work dane FOR KIND OF BUSINESS OR 11 B RTHPLACE (State or foreign country 12 CITIZEN DE WHAT during most of working life, even if retired) INDUSTRY COUNTRY? Automobile MarlesTown W. 13. FATHER S NAME 16. SOC AL SECURITY NO (Yes, na, or yoknawn) (If yes give war ar dates of service Pauline Smith, Marion Station 578 03 2465 Mrs. INTERVAL BETWEEN OBSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) PART I DEATH WAS CAUSED BY Pulmonary edema. acute MMEDIATE CAUSE (a) DUE TO hours Candit ans, if any, which gave Coronary occlusion rise to immediate cause (a). DUE TO storing the underlying cause 19 WAS ALTOPSY PERFORMED? PART I OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART ICOL YES X NO 20g EXTERNAL CAUSE WAS 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part or Part II of item 18.) PRIMARY I or CONTRIBUTING I CAUSE OF DEATH MEDICAL 20s N.J.RY OCCURRED 20e PLACE OF INJURY (Hame fair (City or town) 20s TIME OF INJURY Month, Day Year (County) (State)

Haur a m

While Not While at work 21 I certify that I tack charge of the remains described above, he'd on Autopsy [X]

Natural causes X A Accident

factory, street office bldg, etc.

Suicide _

Inspection X

and in my opinion

ACTUAL SIGNATURE

death resulted fram.

Earl L. Royer, M.D.

Dennis Funeral Home, Snow Hill, Md.

1109 Camden Ave., Salisbury, IId.

ASS STANT MEDICAL EXAMINER DEPUTY MED CAL EXAMINER

Aduress (street city fown ar (aunity)

CHIEF MEDICAL EXAMINER

Hamicide

22 DATE SIGNED June 2, 1967

SMOVAL (Specify)

24 FUNERAL DIRECTOR

25g REC D BY REGISTRAR DATE JUN 5

Stockton / Hary Jana REGISTRAR 256 REGISTRAR S SIGNATURE

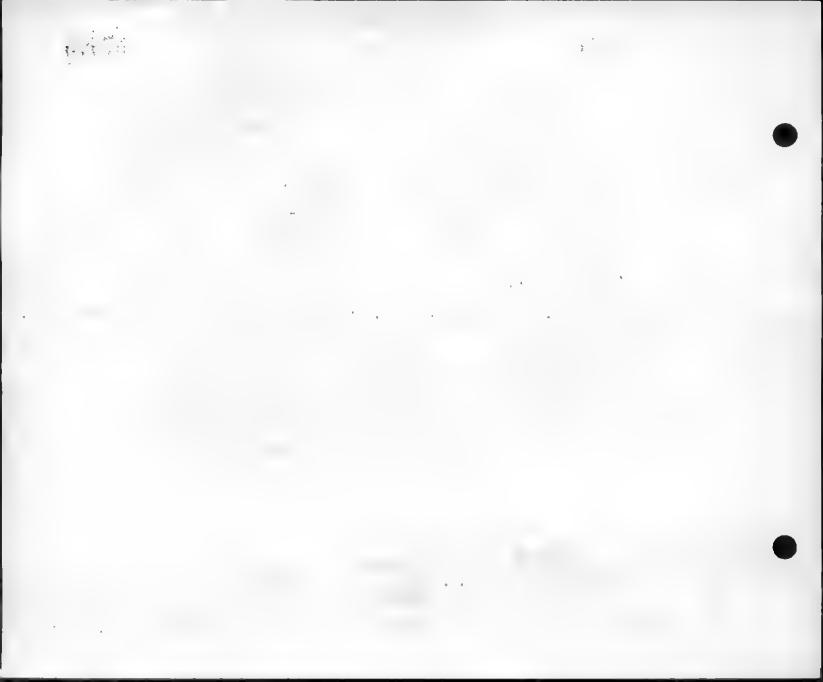
Inquiry X

Undetermined manner

23rl CCATION 15ty or Towns

VR A15ME (5)

5 may be retr TO FUNERAL D Health prior 1



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

		07440		CERTIFICAT	E OF D	EATH		074	15	
	1 [PLACE OF DEATH O. COUNTY COMICO		MARYLAND	2. USUAL o. STAT		deceased lived, if institution b. COU	Sewa.	rset	
	1	b. CITY OR TOWN (If outside write, RURA, and a ve real DELLS DULL)	carporate limits, irest town)	c. LENGTH OF STAY IN 16	III .	TOWN (If outside of Princes	orporote limits, write RU Anne	RAL and give neo	rest town)	
À		Peningul		no, give street address) Hospital	d. STREET Soz	ADDRESS merset A	ive.		e. IS RESIDENCE ON A FARM? YES NO	太
			ALTER RORRACE 7 MARI	STEPHEN.	Smu. B DATE OF	LLEN 8		IF UNDER 1 YEAR	oy Year 19 G R IF UNDER 24 H	7
	'n	PALE Whi			Nov.	20, 1907	last birthday) 59 yrs	Manths Day	s Hours Mil	
	duri	USUAL OCCUPATION (Give kind ing most of working life, even i Clerk	d of wark done 16 f retired)	DE KIND OF BUSINESS OR INDUSTRY	Vi:	PLACE (County & State	, ar fareigh country)	12 CITIZEN COUNTR	Y?	
	13	FATHER S NAME John	n Smuller	n		ers maiden name ennie Pi	lchard			
	1\$ (Ye	WAS DECEASED EVER IN U.S. A ps, no, ar unknown) (If yes giv	RMED FORCES?	16 SOCIAL SECURITY NO. 17.	INFORMANT		Salisbur			_
			er only one cause per lia AUSED BY. MEDIATE CAUSE (a)	e for (a), (b), and (c).)	Em	faret	in		NTERVAL BETWEEN DASET AND DEATH	2
		Canditions, if ony, which go trise to immediate cause (SCAD				l-	RAVS	
		stoting the underlying cou last.								
2	ATION	PART IF OTHER SIGNIFICANT	CONDITIONS CONTRIBUT	ING TO DEATH BUT NOT RELATED TO	THE TERMINA	L DISEASE CONDITION	GIVEN IN PART 1(a)		9 WAS AUTOPSY PERFORMED? YES NO	
	L CERTIFICATION	20a ACCIDENT WAS UNDERLY OR CONTRIBUTING □ CAUSE (IF EITHER, NOTIFY MEDICAL E	OF DEATH	5 DESCRIBE HOW INJURY OCCURRED). (Enter noture	e of injury in Part 1	or Parl II of item 1B.)			
	MEDICAL	20c TIME OF INJURY Mont Hour o.m p.m.	10 11		ACE OF INJURY		20f (City or town)	(County)	(State)	
		21. I certify that saw the deceased		ttended the deceased from_		coursed at 12 3	/ to	2, 1g	that (1) (we)	
		220. SIGNATURE Welco	la C	2. 11	ATTEND A.D. PHYS	ING MED.	STAFF -	22b. DATE S		フ
1		22c. PHYSICIAN'S NAME (Type)	cholas C	Bosch		address UIN Sula	Gene	eval 1	losp	
		BUNIAL, CREMATION, BEIMPYN (STEELTY)	23b DATE THEREOF 5/10/196	7 St. Andre		P	d LOCATION (City or To	Anne; Sc	merset	
	14 XX	FUNERAL DIRECTOR		ADDRESS A	nne.Mo	2So REC'D BY RI	EGISTRAR 256 R	EGISTRAR'S SIDAR	udge.	

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed-within 24 haurs after death Page 4 may be retained by the haspital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and camplement filled in by the director, page 3 should be detached for use as the burial-transit permit. Then please remayes arbay, papers. Page should be filed with the State Dept, of Health priar to burial, cremation, ar remayal, and in any event, within 72 hours of

VR A15 (4) 20 M 1/66

pleney filled in by the funeral programmer of the pages o

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

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y delay is	M3. Page	FUNERAL DIRECTOR: Poge 3 should be used as a buriol-transit permit. File pages fane with the State Department of the page 1 should be used as a buriol-transit permit. File pages fane and the State Department of the page 1 buriol, cremation, ar removal, and in any event within 72 hours after seath
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fter diad	ong with	ith the St
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AED:CAL	rector.	o moy be retoined for your mes. 5 FUNERAL DIRECTOR: Poge 3 shot Hep th prior to buriol, cremation,
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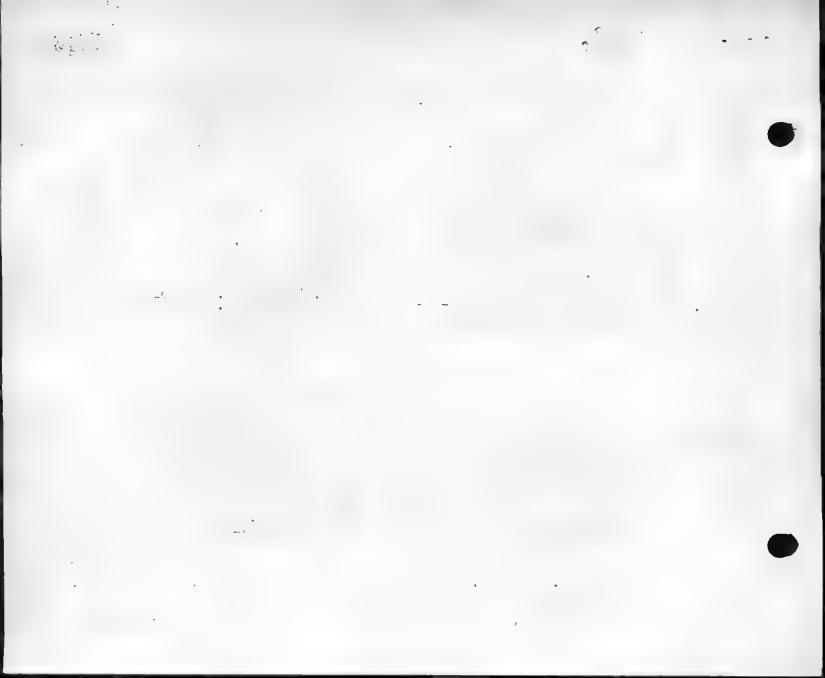
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H DEPT.		PLACE OF DEATH	2 USUAL RESIDENCE (Where deceased lived, if institution Residence	e befare admission)
9 10 0		COUNTY Wicomico MARYLAND	o STATE Maryland b COUNTY Wor	rcester
ien i		CITY OR TOWN (If outside corporate limits, C LENGTH OF STAY N 1b	c CITY OR TOWN (if outs de corporate limits, write RURAL and give	nearest town)
T T		write RURAL and give negresi town) Salisbury	Newark	
e ode		NAME OF HOSPITAL OR INSTITUTION (final in haspital, give street address)	d STREET ADDRESS	B IS RESIDENCE ON A FARM?
The Table 1		Peninsula General Hospital	1 Att	YES NO 🗌
Concentrate of the State Department of the State Depar		NAME OF First Middle DECEASED LINWOOD Type or print)	SPENCE OF DEATH 5-21-67	Day Year 19
	S	SEX 6 COLDR OR RACE 7 MARRIED NEVER MARRIED X Male AA WIDOWED DIVORCED	8 DATE DE BIRTH 1-24-51 9 AGE (In years If NOER) Months yrs	Days Hours Man
	10a dəri	USUAL OCCUPATION (Give kind of work done ing mast af warking life, even if retired) 10b KIND DF BUSINESS OR INDUSTRY	11 BIRTHPLACE (State or foreign country) 12 CIT (OI	ZEN DE WHAT
ner oges s af	13.	FATHER'S NAME	14 MOTHER'S MAIDEN NAME	4:
le p		Herbert Spence	Ealher adkens	
medical exominers of permit. File pages to within 72 hours after		WAS DECEASED EVER IN U.S. ARMED FORCES?	Skel Skence Rewark I	ne. Rtal
with with		18. CAUSE OF DEATH (Enter anly one couse per line for (a), (b), and (c).)	-	INTERVAL BETWEEN
a rne Cnier i buriol-tronsit any event		PART I DEATH WAS CAUSED BY Fracture of skul	.1.	ONSET VAD DIVIH
ol-tr y ev		8 of of 7 DUE TO		
ra rne buriol in any		Conditions, if ony, which gove nse to immediate couse (a) DUE TO		
os a and if		stating the underlying cause (c)		
dage (PART OTHER SIGN F CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CONDITION GIVEN IN PART (10)	9 WAS AUTOPSY
be used as a burrol- removal, and in any	CERTIFICATION			PERFORMED? YES ND
	CERTIFI	PRIMARY TO OF CONTRIBUTING Passenger in auto	(Enter nature of injury in Port I or Port II of item 18) which ran out of control and	overturned.
ige 4 shoul your files. Poge 3 shoi cremation, 4	3	20c TIME OF INTIRY Month Day Year 20d INTURY OCCURRED 20e PLA	ACE OF INJURY (Hame form 20f (City or town) (Cou	nty: (Stote)
	MED	11:20 pm 5-20-67 While White Rot wark Rot of wark Rot	ite 12, north of Snow Hill, Wor	cester, Md.
P V Cie		21 I certify that that charge of the remains described above, hi	eld an Autapsy , Inspection A, Inquiry A,	and in my apinia
erol allector. Page 4 be retoined for your RAL DIRECTOR: Page prior to buriol, crema		. //	c de Hamicide Undetermined manner	1
Irect Oine IREC To by		// / . /	CHIEF MEDICAL EXAMINER	
retch St. Tr.		ACTUAL SIGNATURE	M D ASSISTANT MEDICAL EXAMINER	22. DATE SIGNED
moy be re FUNERAL I		EXAMINER'S Earl L. Royer, .D.		y 23, 1967
P P P P P P P P P P P P P P P P P P P	-	NAME (Type) 109 Camden Ave., Salisbury, Md.	Address (Street, city, town, or county)	
2 S E E	230	BURIA CREMATION. 236 DATE THERFOR 236 NAME OF SEMETERY DR		"Comity State " State " Md.
- 1	7/	FUNERAL DIRECTOR ADDRESS	250 REGISTRAR 256 REGISTRAR S	GNA" JRE
A 15ME (5)		Jolley Funeral Home, Salisbury, Md.	DATE MAY 29 1967 9 Cliss	les Judge
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH hours after death. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY b. COUNTY ve carbon papers. Pages 1 event, within 72 hours after by the Wicomico Maryland Wicomico MARYLAND CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 1b c. CITY OR TOWN (If putside corporate limits, write RURAL and give neerest town) Adm. in 1D filled in I Salisbury 4/25/67 Salisbury d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) e. IS RESIDENCE d. STREET ADDRESS ON A FARM? Peninsula General Hospital 214 Linwood Avenue YES NO E death certificate be executed within completely NAME OF First Middle Last DATE Month DECEASED (Type or print) NEAVITT NMI STAFFORD DEATH May 19 67 AGE (In years | FUNDER 1 YEAR | IF UNDER 24 HRS. last birthday) | Months | Days | Hours | Min 5. SEX DATE OF BIRTH 6. COLOR OR RACE Then please remove removal, and in any evo 7. MARRIED X NEVER MARRIED Months Days Hours 1 and Male White WIDOWED DIVORGED December 1 1899 12. CITIZEN OF WHA 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) the attending physician t permit. Then please COUNTRY? Retired Storekeener Locomotive Works USA Chestertown, Maryland 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME William B. Stafford Mary Frances Rice 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 1 17. INFORMANT Address 님 (Yes, no, or unknwn) | (If yes give war or dates of service) Mrs. Beatrice J. Stafford certificate has been signed by tife-at hed for use as the burial-transit perm t. of Health prior to burial, cremation, 214-10-8824A Linwood Ave., Salisbury, Maryland INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] The law requires that the ONSET AND DEATH PART I. DEATH WAS CAUSED BY: TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the Page 4 may be retained by the hospital or attending physician. mo3. IMMEDIATE CAUSE (a) DUE TO Conditions, If any, which (b) gave rise to immediate DUE TO cause (a), stating underlying cause last. (c) CERTIFICATION WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) YES I NO T 20a, ACCIDENT WAS UNDERLYING [DESCRIBE HOW INJURY OCCURRED, (Enter nature of Injury in Pert 1 or Part II of Item 18.) TO FUNERAL DIRECTOR: After this certi-director, page 3 should be detached i should be filed with the State Dept. of OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) N/A MEDICAL TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 2De. PLACE OF INJURY (Home, farm, (State) 20f. (City or town) (County) factory, street, office bldg., etc.) Hour a.m. Not While at work at work 19 and that death occurred at 7.0 21. I certify that (I) (this hospital) attended the deceased from that (I) (we) last 7.20M, from the causes and on the date stated above. saw the deceased alive on 22a. SIGNATURE 22b. DATE SIGNED ATTENDING STAFF PHYS. 1967 MHV M.D. PHYS DIRECTOR 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) Edward K. Carney Medical Center, Salisbury. BURIAL, CREMATION, REMOVAL (Specify) 23b. NAME OF CEMETERY OR CREMATORY (State) DATE THEREOF LOCATION (City, town or county) Salisbury, Maryland 18 Parsons Cemetery 1967 Burael DIRECTOR ADDRESS REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE 25a. VR A15 (4) HOLLOWAY & COMPANY, SALISBURY, MARYLAND 15M 4-64



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) b. COUNTY Somerset o. STATE Maryland o. COUNTY Wicomico MARYLAND requires that the death certificate be executed within 24 hours after etery filled in by the ful arbon papers. Pages 1 b (ITY OR TOWN (If outside corporate limits, write RURAL and give gearest town)
SALISBUTY c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 Rural, Crisfield carbon papers. d NAME OF HOSPITAL OR INSTITUTION (If not in hospitol, give street oddress) d STREET ADDRESS ON A FARM RFD Peninsula General Hospital YES NO 😡 3. NAME OF 4. DATE Year DECEASED DEATH S. SEX DATE OF BIRTH NEVER MARRIED ø Months Mar. 1888 DIVORCED physician and 11 BIRTHPLACE (County & State, or foreign country) 12 CITIZEN OF WHAT Somerset Co.. 14. MOTHER'S MAIDEN NAME 13. FATHER S NAME signed by the attending phy James R. Sterling Mary Nelson 15 WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no, or unknown) (If yes give wor or dates of service 17 INFORMANT RFDddr#1 16. SOCIAL SECURITY NO. Mrs. Edna Sterling, Crisfield INTERVAL BETWEEN 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c). **LONSEY AND DEATH** PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if any, which gove nse to 'mmediate couse (a), DUE TO stoting the underlying couse has been WAS AUTOPS' PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) O FUNERAL DIRECTOR: After this certificate 20o, ACCIDENT WAS UNDERLYING [20b, DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER 20e, PLACE OF INJURY (Home, form, (County) (State) 20d INJURY OCCURRED (City or town) 20¢ TIME OF INJURY Month, Doy, Year foctory, street, office bldg , etc.) Hour o.m. 21 I certify that (I) (this haspital) attended the deceased from. 19 6 1967, and that death accurred at 10554M, fram causes and on the date stated above saw the deceased alive on 220 SIGNATURE MED. DIRECTOR 22c. PHYSICIAN'S director, po NAME (Type) 23c NAME OF CEMETERY OR CREMATORY 23o. BURIAL CREMATION 23b DATE THEREOF 23d. LOCATION (City or Town) 5/26/1967 Crisfield, Somerset Sunnyridge 2Sb. REGISTRAR S SIGNATURE ADDRESS 2So. REC'D BY REGISTRAR Crisfield. Md. 20 M 1/66 1

MARYLAND STATE DEPARTMENT OF HEALTH

Burbage Funeral Home, Berlin, Md.

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.1,	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
£ 165£	07445 CERTIFICATE OF DEATH 07420
de ath	1. PLACE OF DEATH 8. COUNTY 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission as STATE D. COUNTY
P P P	Wicomico Maryland Wicomico
hours after d in by the rs. Pages 1 ? hours after	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
houn id in rrs. 2 hou	Salisbury May 16, 1967 Salisbury d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE.
n 24 hours aft.	Peninsula General Hospital Magnolia Drive YES NO
uted within 24 completely fill within event, within	3. NAME DF First Middle Last 4. DATE Month Day Year DECEASED
comple comple ve cart event,	DECEASED (Type or print) NORA JANE TINDALL DF DEATH May 21 19 67 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (in years FUNDER 1 YEAR FUNDER 24 HB Page Purthday Funder 24 HB
execut and c remove n any e	
e be exect sician and lease remo and in any	Female White WIDOWED DIVORCED June 24 1918 48 yrs. 10 27 10a. USUAL OCCUPATION (Give kind of work done Iob. KIND OF BUSINESS OR II. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
te be ysician please	Operator Shirt Company Wicomico Co., Maryland USA
ifficat g phy ien p	13. FATHER'S NAME
eath certifica attending ph ermit. Then en, or remova	Louis Cox Mary Austin 15. Was Deceased Ever In U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address
death (e atter permit. ion, or	(Yes, no, or unknown) (If yes give war or dates of service) 214-18-4716 Mr. George Tindall (Husband) Magnolia Drive, Salisbury, Maryland
mat the	18. CAUSE OF DEATH LEnter only one cause per line (a), (b), and (c),
that the ysician. I was the ysician. I was that the ysician is a second is a s	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)
ifres that physici n signed burial-t burial,	Conditions, if any, which DUE TO (b)
requir ding p been the bu	gave rise to immediate cause (a), stating the DUE TO
law requi	underlying cause last. (c) FARTII. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUTNOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPS)
The late hate hase use	PERFORMED? YES No
CCAN: The la ospital or at certificate h hed for use t. of Health j	PARTII. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPS PERFORMED? PERFORMED? YES NO SOLUTION OF CONTRIBUTING CAUSE OF DEATH OF CONTRIBUTING CAUSE OF DEATH NAME OF CONTRIBUTION CONTRIB
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TIAL OR ATTENDING PHYSICIAN: The law requires that the may be retained by the hospital or attending physician. AL DIRECTOR: After this certificate has been signed by page 3 should be detached for use as the burial-trans filed with the State Dept. of Health prior to burial, ore	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20a. PLACE OF INJURY (Home, farm, Hour a.m., p.m. 19 Not While at work at wo
ed by t After Id be c e State	21. I certify that (I) (this hospital) attended the deceased from 12-18 1958, to 5-21 1962, that (I) (we) la
TTEN stain shou	saw the deceased alive on 1961, and that death occurred at 8 A.M., from the causes and on the date stated above
DE LE LA MILE	22a. SIGNATURE 22b. DATE SIGNED M.D. ATTENDING MED. STAFF PHYS. MAY 2-3 /196'
ral (M.D. PHYS. DIRECTOR PHYS. May 23 /196' 22c. PHYSICIAN'S NAME (Type) PHYS. DIRECTOR PHYS. May 23 /196'
G 4 E 2 2	Dr. Eart Royer 409 Camden Ave., Salisbury, Mc.
Page Page TO FUN direct should	23a. BURIAL, CRÉMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State)
A	Burial May 24,1967 Springhill Memory Gardens, Salisbury, Md. 24. FUNERAL DIRECTOR ADDRESS 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
VR A15 (4)	HOLLOWAY & COMPANY, SALISBURY, MD. DATEMAY Q A 1967 goliantes Judge

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 07446 CERTIFICATE OF DEATH 742 requires that the death certificate be executed within 24 hours after death PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) and completely filled in by the funeral o. county Wicomico o. STATE **b** COUNTY Md Wicomico
c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) MARYLAND b CITY OR TOWN (If outside corporate limits, c LENGTH OF STAY IN 15 write RURAL and give nearest town) Mardala. alisbury d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS IS RESIDENCE ON A FARM? event, within 72 h YES NO 🔽 Peninsula General Hospital NAME OF 4. DATE removertarbon Lost Month Doy Year DECEASED (Type or print) DEATH AGE (In year) S SEX 6 COLOR OR RACE 7, MARRIED **NEVER MARRIED** DATE OF BIRTH Months Doys Hours signed by the attending physicion and co burial-transit permit. Then please remo burial, cremation, or removol, and in apy WIDOWED DIVORCED 24. I898 10b USUA, OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR TT BIRTHPLACE (County & State, or foreign country) 12 CIT ZEN OF WHAT during most of working life, even if ret red) **INDUSTRY** mechanic factory garment Farmington,
14 MOTHER'S MAIDER NAME 13. FATHER'S NAME Sarah Adams John Torbert 15 WAS DECEASED EYER IN U.S. ARMED FORCES 17 INFORMANT 16. SOCIAL SECURITY NO (Yes, no, or unknown) (If yes give wor or dotes of service) 222-IO-6930 Mrs. Louise Torbert Mardela. Md. INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) PART 1 DEATH WAS CAUSED BY ONSET AND DEATH IMMEDIATE CAUSE (o) Page 4 may be retained by the hospitol or attending physician. DUE TO Conditions if any, which gove Eumenza rise to immediate couse (a). DUF TO stating the underlying couse be detached for use as the State Dept. of Health prior ta hos been last. 19 WAS ALTOPSY PERFORMED? PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) CERTIFICATION NO [O FUNERAL DIRECTOR: After this certificate 200 ACC DENT WAS UNDERLYING 20b, DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, 20f (City or town) (County) (Stote) Hour o.m. While foctory, street, office bldg., etc.) Not While ot work 21. I certify that (I) (this hospital) attended the deceased fram_ . 19 67 . ta . 19 6 7, that (1) (we) last 26 should director, page 3 should should be filed with the 1967, and that death accurred at 6 25M, fram causes and an the date stated above. saw the deceased alive an____ 5-11 22b. DATE SIGNED 22o. SIGNATURE STAFF PHYS. DIRECTOR ADDRESS 22c. PHYSICIAN'S 05 Jenera WARSAL Peninsula NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23d tocation (City of Town)

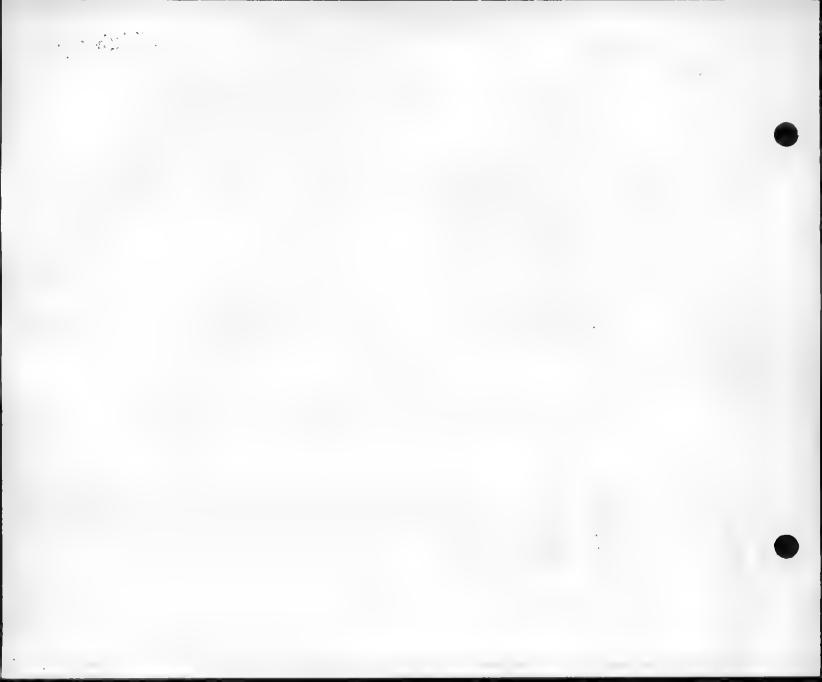
Dederalsburg, 23o BURIAL, CREMATION 23b. DATE THEREOF Concord Cem. I4/67 ADDRESS 2So. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATUR 24 FUNERAL DIRECTOR 1967 Federalsburg. VR A15 (4) MARGERIAL 20 M 1/66

MARYLAND STATE DEPARTMENT OF HEALTH

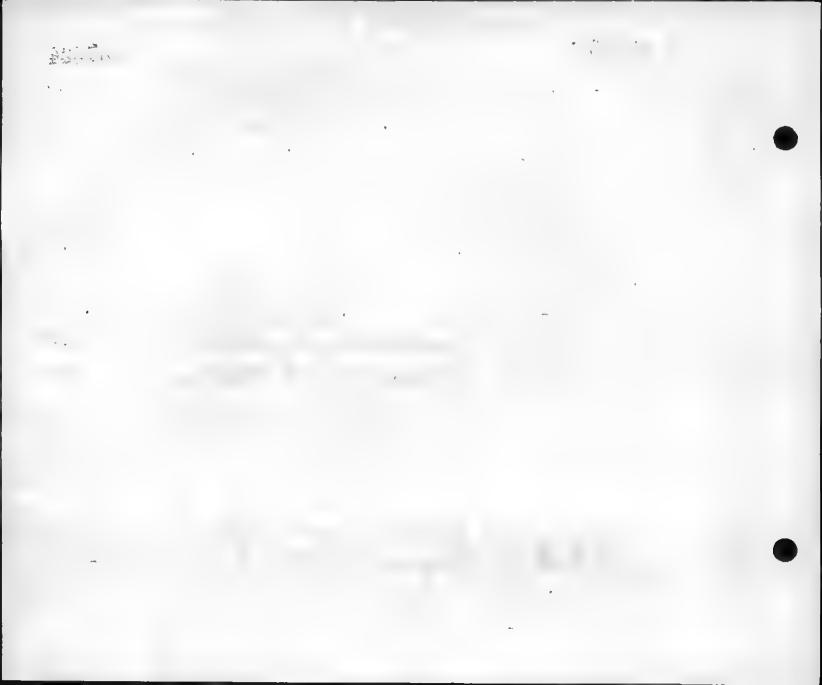
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MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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rs of	y the Page urs a			write RURAL and give nearest town)	C LENGTH OF STAY IN 10	c CITY OR TOWN (if) outside carporote limits, write RURAL on	give neorest town;
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fico	ysic ple al, o		13.	FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
cert	The The		<u>, (</u>	LARENCE W. TR	UITT	ELSIE SMITH	
eo th	indir or re		(Ye	WAS DECEASED EVER IN U.S. ARMED FORCES? , no. or unknown) (If yes a verwor or dotes of service)	6 SOCIAL SECURITY NO. 17. INF	FORMANT Address	my Williams
Je d	on. by the attending physician ond completely filled in by the fur tronsit permit. Then please remove bardon papers. Pages I cremation, or removal, and in any event, within 72 hours after	ŀ		18 CAUSE OF DEATH (Enter only one couse per line f	<u> </u>	IRS, RUSSEDEW, IRUI	INTERVAL BETWEEN
at th	nsit			PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o)	celmonau	1 Englisema	CONSET AND DEATH
th si	d by the l-tronsit l, cremo			5011 DUE TO			
quire	pnysicie signed burial-t burial,			Conditions, if any, which gave (b) (b)			
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0	rend is be os t prior			PART 11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	G TO DEATH BUT NOT RELATED TO THE	E TERMINAL DISEASE CONDITION GIVEN IN PART 1(o)	19. WAS AUTOPSY PERFORMED?
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A	ospiral or oriencing certificate has been hed for use os the it. of Realth prior to		CERTIFICATION	206 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 205.	DESCRIBE HOW INJURY OCCURRED. (En	nter noture of injury in Port I or Port II of item 18.)	,
YSIC	this cert detoched e Dept. o		AL CE	(IF EITHER, NOTIFY MEDICAL EXAMINER)	HINDY OCCUPATED AND BLAZE	OF INTERNATION (No. of Acres Agree)	(Caucha) (Chana)
H .	this deto e De		MEDICAL	Hour o.m. Wh	ile Not While factory	OF INJURY (Home, form, y, street, office bldg, etc.)	(County) (State)
NO.	After After I be c e Stote			21. I certify that (1) (this hospital) atte		5-13,1967, to 2-20,	19(5), that(1))(we) las
7-	the the			saw the deceased alive on 5 - 2) 1967, and that a	death accurred at 325 /M, from causes and a	on the dote stated above
E .	BFRE			220 SIGNATURE		ATTENDING MED STAFF	b. DATE SIGNED
ATTE	E M M ≥		- 1		M.D.		
L OR ATTEN	DIREC			22c PHYSICIAN'S	1	PHYS. DIRECTOR PHYS. DISCOURS	-30-6/
PITAL OR ATTEN	RAL DIRECTOR PORT OF THE PORT	1		22c. PHYSICIAN'S NAME (Type)	7		20.6/
HOSPITAL OR ATTER	ge 4 may be re UNERAL DIREC ector, page 3 s ould be filed w	/	230	22c. PHYSICIAN'S NAME (Type) BURIAL, CREMATION, 23b OATE THEREOF	23c. NAME OF CEMETERY OR-ER	22d. ADDRESS	(County) (Stote)
TO HOSPITAL OR ATTEN	roge 4 may be retained by the host TO FUNERAL DIRECTOR: After this cendirector, page 3 should be detache should be filed with the State Dept.	/		22c. PHYSICIAN'S NAME (Type)		22d. ADDRESS EMATORY 23d. LOCATION (City or Town)	(Coupty) (Stote)



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 07448 CERTIFICATE OF DEATH PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institut on Residence before admission) a. CDUNTY b. COUNTY Wicomico ryland Wicomico MARYLAND b CITY OR TDWN (If outside carporate . mits, write RURAL and give nearest tawn) c. LENGTH OF STAY IN 16 c. CITY DR TOWN (If autside corporate limits, write RURA, and give nearest tawn) The law requires that the death certificate be executed within 24 hours hours Salisbury 20 Yrs
d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) Salisbury 20 Yrs. e IS RESIDENCE ON A FARM? papers. d STREET ADDRESS 719 Alvin Ave., 719 Alvin Ave.. YES NO 3 3 NAME OF First Middle 4 DATE Lost Month completely **DECEASED** MARY TWILLEY 67 SALLIE 19 event (Type or print) DEATH P S SEX 6 COLOR OR RACE 8 DATE OF BIRTH 9 AGE (In years IF UNDER 1 YEAR IF JNDER 24 HRS 7 MARRIED NEVER MARRIED X remove last of rthdoy) APril 6.1884 Hours White Female and in any DIVORCED 10a USUAL OCCUPATION (Give kind of work done KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12 CIT ZEN OF WHAT during most of working life, even if retired)
Retired Milliner COUNTRY? A. Maryland 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME ar remayal. Maggie Johnson Levin Twilley 17. INFORMANT IS WAS DECEASED EVER IN US ARMED FORCES? 16. SOCIAL SECURITY NO (Yes, no, or unknown) (If yes give war or dates at service) Mr. Milford Twilley, Salisbury, Md. cremation, 1B. CAUSE OF DEATH (Enter any one cause per line for (a), signed by the c burial-transit p burial, crematia INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY ONSET AIRLDDEATH IMMEDIATE CAUSE (a) **10 HOSPITAL OR ATTENDING PHYSICIAN:** The law requires th Page 4 may be retained by the haspital or attending physician DUE TO Conditions, if any, which gave rise ta immediate cause (a), DUE TO stating the underlying couse as the last PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) WAS AUTOPSY PERFORMED? for use Health YES ! NO certificate 20a ACCIDENT WAS UNDERLYING □ 205 DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH etached (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 20d INJURY DCCURRED 20e, PLACE OF INJURY (Home, farm, (City or town) (County) (State) Hour a.m. Nat While factory, street, office bldg., etc.) State | for FUNERAL DIRECTOR: After director, page 3 should be dead, should be filed with the State at wark at work 1956, to 5-1957, that (I) (we) last 21. I certify that (1) (this haspital) attended the deceased from , and that death accurred at 2 - PM, from causes and an the date stated above. saw the deceased alive an 22a. SIGNATURE 22b. DATE SIGNED STAFF PHYS. ATTENDING 5-9-1967 DIRECTOR 22C PHYSICIAN'S 22d. ADDRESS Salisbury, Maryland Dr. Earl L Royer NAME (Type) 23h DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23g BURIAL, CREMATION 23d. LOCATION (City or Town) (County) REMOVA (Specify) Burial Wicomico Memorial Park Salisbury, Maryland 5-10-1967 ADDRESS 2Sb REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR 2So. REC'D BY REGISTRAR VR A15 (4) 20 M 1/66 Hill Funeral Home Salisbury, Maryland · 83akes. Mormon



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 37443 CERTIFICATE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) 1. PLACE OF DEATH physician and completely filled in by the funer en please remove Carban papers. Pages 1 an o. COUNTY b. COUNTY o. STATE Maryland Wicomico Wicomico MARYLAND b CITY OR TOWN (If outside corporate smits. c LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) Salisbury Salisbury e IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS ent within 72 ! Rt 2 West Rd Peninsula General Hospital YES NO TO 3. NAME OF First M.ddle DATE Year Doy DECEASED OF DEATH Emorv 19/12 (Type or print) S SEX 6 COLOR OR RACE AGE (In years IF UNDER 7 MARRIED NEVER MARRIED lost birthdoy) Months Days WIDOWED DIVORCED 12 CIT ZEN OF WHAT TOO USUAL OCCUPATION (GIVE KING of work done 10b. KIND OF BUSINESS OR 11 BIRTHPLACE (County & Stote, or foreign country) during most of working life, even if retired) COUNTRY? INDUSTRY aborer Maryland one 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME signed by the ottending physi burial-tronsit permit. Then pl burial, cremotion, or removol, Isaac Waller Clarisa Dashiel 15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give wor or dotes of service) 16. SOCIAL SECURITY NO 17 INFORMANT Address Hattie Nutter Rt 2. Salisbury, Md. No INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one couse per knot for (o), (b), ond (c))
PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (o) DUE TO Conditions, if only, which gove rise to immediate couse (o), DUE TO stoting the underlying couse hos been the 19. WAS AUTOPSY PERFORMED? PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) CERTIFICATION YES [NO TO FUNERAL DIRECTOR: After this certificate 20o, ACCIDENT WAS UNDERLYING 205. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Port 11 of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20e. PLACE OF INJURY (Home, form, 20d INJURY OCCURRED 20f. (City or town). (County) (Stote) 20c TIME OF INJURY Month, Day, Year foctory, street, office bldg. (tc.) Hour o.m. While Not While of work ot work 19.0 21. I certify that (1) (this hospital) attended the deceased from be retained director, page 3 should should be filed with the and that death accurred at . M. fram causes and an the date stated above saw the deceased alive on-22o. SIGNATURE 22b. DATE SIGNED ATTENDING STAFF M.D. DIRECTOR PHYS. 22d, ADDRESS 22c. PHYSICIAN'S NAME (Type 23o BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) {County} Burial Burial Green Arces Cemetery Salis. Wicomico ADDRESS

2So. REC'D BY REGISTRAR

2Sb. REGISTRAR'S SIGNATURE

VR A15 (4) 20 M 1/66

24. FUNERAL DIRECTOR

requires that the death certificate be executed within 24 hours after death

i ne

TO HOPPITAL OR ATTENDING PEYSICIAM: The law requires that the death certificate be executed within 211 hours after dwoth. TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove torbon papers. Pages I and director, page 3 should be detached for use as the buriol-transit permit. Then please remove to both papers. Pages I should be filed with the State Dept of Health prior to buriol, cremation, or remove, and in only event, within 72 hours after 1 Page 4 may be retained by the hospitol or attending physician.

> VR A15 (4) 25M 1/67

HOLLOWAY & COMPANY, SALISBURY,

		DIAIDIOI OL AI	IAL KE	CORDS, SUI W. PRESIDE		ORE, MARTLAND 21201		
	0745			CERTIFICATE			1	7425
1,	PLACE OF DEATH				2. USUAL RESIDENCE (V	Where deceased lived, if institution		fore admission)
		icomico		MARYLAND	o. STATE Maryl:	and b county	Wicon	mico
	b. CITY OR TOWN (If outside corporate limits, d give nearest town}		c. LENGTH OF STAY IN 16	t CITY OR TOWN (If ou	tside corporate limits, write RURA	L and give nea	irest tawn)
	Salisb	ury		28 days	Fruit]	Land		
		TAL OR INSTITUTION (If not in ho			d. STREET ADDRESS			e IS RESIDENCE ON A FARM?
		s Head State H	ospi	tal	Main Stre	eet		YES NO
3	NAME OF DECEASED	First		Middle	Lost	4. DATE Month	D	oy Year
	(Type or print)	Willia	FIL	Howard	Walstrom	Tr DEATH May	2:	2 19 67
-	SEX	6. COLOR OR RACE 7 MA	RRIED [NEVER MARRIED B	DATE OF BIRTH		IF JNDER 1 YEA	
	Male		OWED [DIVORCED D	an. 25,187	72 95 YIS.	Months Doy 27	
	USUAL OCCUPATION ring most of working	N (Give kind of work done		D OF BUSINESS OR USTRY	11. BIRTHPLACE (County)	& State, or foreign country)	12 CITIZEN COUNTR	
		st (Retired)	1140	021K1	Pittsbur 14. MOTHER'S MAIDEN N	rah. Pa.	IIS	
13	. FATHER S NAME				14. MOTHER'S MAIDEN N	VAME		
1	William	Howard Wals	tro	m, Sr,	Heaster	Fidelia Ake		
15	WAS DECEASED EVE es. no. or unknown)	R IN U.S. ARMED FORCES? (If yes give war ar dates of service	e) 16 SC	CIAL SECURITY NO 17, IN	HORMANT	nce E. Dryder	1 (Sta	p-daungt
	No.	, , , , , , , , , , , , , , , , , , , ,	16	9-10-0774 60	08 E. Coll	Lege Ave., Sa	Lichu	b-gan 61
	18. CAUSE OF D	EATH (Enter only one couse per	line for (o), (b), ond (c).)		<u> </u>		INTERVAL BETWEEN
	PART I DEA	TH WAS CAUSED BY: IMMEDIATE CAUSE (a)	Bro	nchopneumonia				ONSET AND DEATH
)	// DUF TO	01					
	Conditions, if ony		Chr	onic congestiv	e failure			Years
	rise to immediat							
	lost.	(c)						
2		GNIFICANT CONDITIONS CONTRIB					1	9 WAS ALTOPSY
MED CAL CERTIFICATION	Arteri	osclerotic car	diov	ascular diseas	e; fracture	ed hip.		PERFORMED? YES NO
STIFIC	2Do ACCIDENT WAS	S UNDERLYING CAUSE OF DEATH	20b. DESC	RIBE HOW INJURY OCCURRED (inter noture of injury in f	Part I or Port II of item 18)		
8		MEDICAL EXAMINER)		N/a				
20		URY Month, Doy, Yeor			E OF INJURY (Home, form		(ytnuo))	(Stote)
ME	Hour o.i	10	While at work		ry, street, office bldg., etc.)			
	21. I certi	fy that (I) (this haspital)	attende	d the deceased from A	oril 24 , i	967 to May 22		that (1) (we) las
		eceased alive an <u>M</u> &	ay 22	2 19 <u>67</u> , and that	death accurred at	M, from causes ar	id an the d	ate stated above
	220 STGNATURE	20m /1	1	1	ATTENDING -	MED. STAFF	22b. DATE SI	
	191	VIVION	W	M.D.	PHYS.	DIRECTOR PHYS.	5/22	2/67
	PHYSICIAN'S NAME (Type)		י נוב	M D	Deer's He	ad Hamilton. C.	7 7	
-	<u> </u>		· · · · · ·			ad Hospital; Sa		
23	 BURIAL, CREMATIC REMOVAL (Specify 	ON, 23b DATE THEREOF		23c NAME OF CEMETERY OR C	REMATORY	23d LOCATION (City or Town	n) (Coui	nty) (State)
	Burial	May 24.1	967	Parsons Cem	etery	Salisbury By REGISTRAR 255 REGI	_Mary	land
- 24	4. FUNERAL DIRECTO	Ж		ADDRESS	7 2So. REC'D	BY REGISTRAR 255 REGI	STRAR'S SIGNA	TURE



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

		07451	CERTIFICATE	OF DEATH		07426
149		PLACE OF DEATH			Vhere deceased lived, if institution. Resid	dence before admission)
u o	(o. COUNTY Wicomico	MARYLAND	o. STATE Marv	land b. COUNTY	Kent /
afte aftr	ŀ	b. CITY OR TOWN (If outside corporate mits.	C. LENGTH OF STAY IN 16		tside corporate limits, write RURAL and c	
Par		write RURAL and give nearest town) Salisbury	39 days	Mill	ington	1.
in E	-	d NAME OF HOSPITAL OR INSTITUTION (IF not in haspital, g		d STREET ADDRESS		e IS RESIDENCE ON A FARM?
and campimety filled in by the furnamove carban papers. Pages 1 in any events within 72 haurs after		Deer's Head State	Hospital	• •		YES NO 3
≥ 5€		NAME OF First DECEASED	Middle	Lost	4 DATE Month	Day Year
	((Type or print) BESSIE		WARD	DEATH 5	12 19 67
6 6 3	5 5			DATE OF BIRTH	last buthday) Months	ER TYEAR IF UNDER 24 HRS
1 C E		F C WIDOWED	DIVORCED S	Sept, 2,189	9 67 yrs	, 0035 (10035 ptg).
in c	10a		ND OF BUSINESS OR	11. BIRTHPLACE (County		CITIZEN OF WHAT
cion and car lease remove and in any ev	Ho	ng most of working life even if retired) Own	Home	Md.		COUNTRY?
S d b	13	FATHER'S NAME		14. MOTHER'S MAIDEN I	NAME	
In plant		Elbert Duckery Sr.		Elenor St		
ding Tree		WAS DECEASED EVER IN U.S. ARMED FORCES? 16. S s, no, or unknown) ((If yes give wor or dates of service)	OCIAL SECURITY NO. 17. IN	IFORMANT	Address	
iffer o, o		No. 222	-26-7993 Mrs	. Ida Wilso	n, Millington, Mo	d. 21651
		18 CAUSE OF DEATH (Enter only one cause per nine for PART I. DEATH WAS CAUSED BY:	17.17.			INTERVAL BETWEEN ONSET AND DEATH
Inysidan. signed by the burial-transit p burial, cremati		, IMMEDIATE CAUSE (a)	ulmomary embolu	15		OHISET RITO DERITI
nysician gned by irial-tra irial, cre		ALL SX				Vacana
urio Unio		rise to immediate cause (a)	ephrosclerosis			Years
		stoting the underlying couse DUE TO				
al or atterating icate has been far use os the Health priar ta		last) (c)				Tre was tuross
arre has h pr	8	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING T			IDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED?
or ar	S.	Cerebral thrombosis due				YES K NO
# # b to	L CERTIFICATION	200 ACCIDENT WAS UNDERLYING ☐ 20b DES OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	SCRIBE HOW INJURY OCCURRED. (I	inter nature of injury in	Port I ar Port II af item 18.)	
by the nailpii (fer this certi be detached State Dept. al	MEDICAL	and the of the other than the other		OF INJURY (Home, form ry, street, office bldg., etc.)		County) (State)
r the er this deta ate De	3	Hour a.m. While p.m. 19 at wark				
Affer Affer Stal		21. I certify that (I) (this hospital) attend	led the deceased from	April 3 1	9 67 to May 12 1	9 <u>67,</u> that (I) (we) las
		sow the deceased alive an May 12	219 <u>67</u> , and that	death occurred at	7:00AM, from causes and on	
remined IECTOR: A 3 shauld with the		22a. SIGNATURE		ATTENDING	MED CTAPE	DATE SIGNED
y be gode 3			lle, MD		DIRECTOR PHYS.	
AL AL Pogge Fille		NAME (Type) Dr. L. V. Mald		22d ADDRESS	ead State Hospital	Ed.
A CER		Dr. D. V. Maru				
rage 4 may TO FUNERAL I director, pag shauld be fil	230	BUR AL, CREMATION, 23b DATE THEREOF May, 17, 1967	23c. NAME OF CEMETERY OR C		23d. LOCATION (City or Town)	(County) (State)
5.00		urial (Specify) May, 17, 1967	Asbury Cemete		Rural Millington	

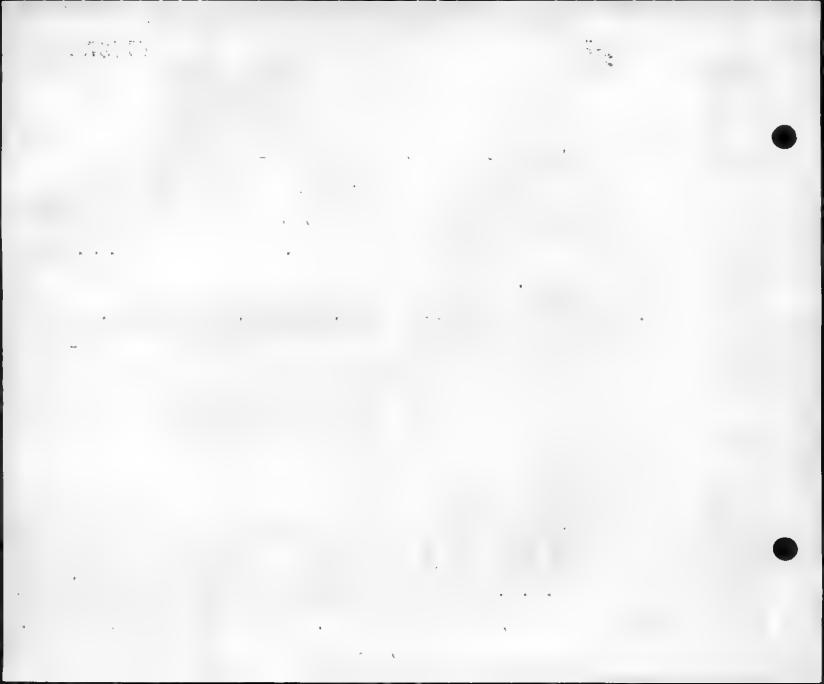
DIR ATTENDING PHYSICIAM: The law requires that the Death cartificate be executed within 24 haurs after TO HOSPITAL DE ATTENDING PHYSICIAN: The law requires that Page 4 may be remained by the hampital or attending Physician.

Edward Fellows,

Millington, Md. 21651

1961 DATE

(County) (State) Md. on, Kent 25 THE STRAR & SIGNATURE



MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

0	7457	S		CERTI	IFICATE	OF DEAT	Ή			07	427		
	OF DEATH					2. USUAL RESIDI	ENCE (V	Vhere dec	eosed lived, if in	stitution R	esidence before	odmission)	
o. COU	NTY IN	/icomico		MA	RYLAND	o. STATE			Ь	COUNTY	Somers		
b CITY	OR TOWN (IF	autside corporate omit	5.	I c LENGTH OF STAY		CITY OR TOWN		Land	orate imits writ	e RURAL or			
write	e RURAL and	give negrest tawn)	,	7 4-			,	Isla			, a , a , a , a , a , a , a , a , a , a	,	
d NAM		alisbury OR INSTITUTION (If no	at in hornital	l da	y	d. STREET ADDRE		1910	1110		-/-	IS RESIDENC	r -
		·	,			G. SIKEEL ADDRE	(3)					ON A FARM	?
		Head Stat					-					ES NO	X
3 NAME DECEAS			rst	Middle		Lost		4 DAT	E	Month	Doy		
(Type o	or pont)	HENR	Y	ELBERT		WHITE		DEA		5	4	19 67	
S SEX		6. COLOR OR RACE	7 MARRIED	NEVER MARR	IED 8	DATE OF BIRTH			9 AGE (In yet lost birthdo	ors IF U	INDER 1 YEAR This Dovs	Hours M	
M		W	WIDOWED	DIVOR		May 23.		391	75	yrs			Nip .
during mos	OCCUPATION (t of working lif	Give kind of work done e, even if retired)	10b K	ND OF BUSINESS OR		11 BIRTHPLACE (County	& State or	foreign country)		12 CITIZEN OF COUNTRY?	TAHW	
reti		,	Sa	lvage		Maryl	and	f			USA		
13. FATHE	R'S NAME					14 MOTHER'S MA	AIDEN I	NAME					
		ael C. Wh				Indian	a I	Webs	ter				
TS WAS D	ECEASED EVER	IN US ARMED FORCES? If yes give wor or dotes of	16.	SOCIAL SECURITY NO	17 H	VFORMANT				Address	218	21	
no		Type give wor or dorest		known	Mrs	. Georg	te (Crow	rell. I	eal	Islan	d.Md.	
1B C	AUSE OF DEA	TH (Enter on y one cou	ise per line foi	(o), (b), ond (c))			,				INTE	RVAL BETWEEN	
	PART I DEATH	I WAS CAUSED BY: IMMEDIATE CAUSE	(a) Ma:	ssive righ	ht ple	ural eff	usi	on a	nd asci	tes	ON'S	ET AND DEATH	H
	511	DUE	(-)										
	tions, if ony, s	which gove)	(b) La	ennec's ci	irrosi	s - adva	nce	d			Y	ears	
	immediate g the underly		. ,										_
last	g me unuem	Aud conza	(c)										
PART	II OTHER SIGN	NIFICANT CONDITIONS C		TO DEATH RUT NOT 9	FLATED TO T	HE TERMINA DISEA	ASE CON	BITION G	IVEN IN PART 17	nl nl	T 19	WAS AUTOPSY	=
S S	11. 0111111 310	Annean Compilions	OHITALBURA	O DEATH BOT (45) H	ILLAILD ID	iii itaaaaaa b yee	371 (0.1		11511 111 1819 . 1	·,		PERFORMED?	
S	CEINFUT MAC	MOEDLIANO ET	701 0	CCDIDE HOUR BUILDY	OCCUPAND A	5-1		D4 1	D. (() . ()	0.)	11	S K NO	ᆜ
OR CO	NTRIBUTING [NDERLYING CAUSE OF DEATH	206 Di	ESCRIBE HOW INJURY	OCCURRED (Enter noture of Inf	ury in i	Port or I	rost II of Ifem 1	5 }			
(IF EIT		EDICAL EXAMINER)											
MEDICAL CERTIFICATION AS CO. 20c	Hour o.m.	Y Month, Doy, Year	While			E OF INJURY (Homory, street, office bld			(City or tow	n)	(County)	(Stete	a)
0.1	p.m.	• • • • • • • • • • • • • • • • • • • •	at wor			Morr 2	1	0 67	to May	1.	1067 11	. (1) /)	
21 Sr	 I certify aw the dec 	that (I) (this has	May L	ded the decease	d trom Sand that	death occurre	ب , ا. ed at:	12:30	M from car	ses and	19 <mark>67</mark> , th	at (I) (we) e stated ah	last nove
	SIG! ATURE		1								2b. DATE SIGNI		010.
1 1/ '	MG	x'XT(e) Im	. C. C.	DC YAD	ATTENDING PHYS		MED. DIRECTOR	STAFF PHVS		5/4/	67	
72c	PHYSICIAN'S	Z., : 1 :	- VIL	1		22d ADDRES	5					ria.	-
	NAME (Type)	Chas H. V	Vinnaco	tt, M. D.	1	Deer's	Hea	ad St	tate Hos	sp ita	l, Sali	sbury	,
	A. CREMATION	I, 23b DATE TH	EREOF	23c NAME OF CE	METERY OR C	REMATORY		23d	LOCATION (City	or Town)	({ounty)	(Stote)	-
	OVAL (Specify)	5/6/6				Cemeter			` '			_ ` _ '	
	ROL DIRECTOR			ADDDECC		250	, REC D	BY REGI	SIRAR 25		AR S SIGNATUR		
I	erou	Webster	Rt.	3, Princ	cess .	Anne	MA	Y 1 0		geli	/ //	udge.	A

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. 10 FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the buriol-transit permit. Then please remove carbon papers. Pages 1/out should be file with the state Dept. of eath prior to buriol, cremation, or removal, and in any event, within 72 hours after decided. Page 4 may be retained by the hospital or attending physician.

VR A15 (4) 25M 1/67

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the inneral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 07428

	1.	PLAGE OF DEATH a. GDUNTY				2. USUAL RESIDENC	E (Where deceased			nce before admission,		
- 1			lasmins			a. STATE	7 7	b. COUNTY				
		YY .	leomieo	- / 1/2 1/4	MARYLAND		yland	a Itaatha mulhi	wicon			
			N (If outside corp and give nearest	town)	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If	outside corporat	B HITHES, WITE	a KUKAL and	Rise neglest rown)		
		Powelly		_	6 Yrs.		ellvill	e	a. I			
		d. NAME OF HOS	SPITAL OR INSTITU	UTION (if not in	hospital, give street address)	d. STREET ADDRESS				e. IS RESIDENCE DN A FARM?		
00			XX							YES NO		
	3.	NAME OF		First	Middle	Last	4. DATE	Month	D	ay Year		
		DECEASED (Type or print)	.7	Canna	Ţ.	Vhite	OF DEATH	May 2	24, 19	967 19		
	5.	\$EX	6. GOLOR OR RA	GE 7. MARRIE	D NEVER MARRIED	B. DATE OF BIRTH	9. AGE	(In years II	FUNDER 1 YE	AR JF UNDER 24 HRS.		
	E	emale	white	WIDOWE		Aug. 8, 18	85 81	birthday) N				
	10a	USUAL OCCUPAT	ION (Give kind of wing life, even if re	ork done 10b.	KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Co	ounty & State, or fo	reign country)	12. CITIZE	N OF WHAT		
	-	Hous	sewife	0	wn Home	Maryl n	ē l		USA			
	13.	FATHER'S NAM	Ē			14. MOTHER'S MAID						
			Joseph C	ondness		Canal	ine Ham	hlim				
	15.	WAS DECEASED F	EVER IN U.S. ARME	D FORCES? 16	6. SOCIAL SECURITY NO. 17.	INFORMANT	Tile timil	Address				
	(Ye	s, no, or unkown) XX	(If yes give war or da	ites of service)	xx Car	rie Jones	Powe 11		. Ma.			
	=			1		TITE OUTTER	TOUGIT	ATTL		TERVAL BETWEEN		
			ATH WAS GAUSED		line for (a), (b), and (c).1	16.			0	NSET AND DEATH		
	Ш	IMMEDIATE CAUSE (a) 1847 CASALUS CONTROL C										
		443	X	DUE TO	114	1 testere.	Sinta			0		
		Gonditions, if		(b) A	Herteridson	1-unieri.	VACLET	ces				
		cause (a), st		DUE TO								
		underlying caus	e last.	(c)								
	NO	PART II. DTHER S	SIGNIFICANT COND	DITIONS CONTRI	BUTING TO DEATH BUT NOT RELA	TED TO THE TERMINAL D	DISEASE CONDITION	ON GIVEN IN PA	ART 1(a) 1	9. WAS AUTOPSY PERFORMED?		
2	CATION									YES NO		
	띨	20a. ACCIDENT	WAS UNDERLYING	G [20b.	DESGRIBE HOW INJURY OGGI	JRRED. (Enter nature of	Injury in Part I	or Part II of	Item 18.)			
	CERTIFI	OR CONTRIBUTI	NG CAUSE OF MEDICAL EX	DEATH AMINER)								
		,	INJURY Month, D		INJURY OCCURRED 1200. PLA	CE OF INJURY (Home, fa	ırm, 20f. (Gity	or town)	(Gounty)	(State)		
	MEDICAL	Hour a.n		While	e - NOT WINE -	ry, street, onice blog., e	tc.)					
	ğ	р,г			ork at work	- / 4		- //	/ 4/			
		21. I certif	y that (I) (this I	hospital) atten	ded the deceased from /	$\frac{9}{6}$		24-		that (I) (we) last		
			ceased alive on	223	19 <u>/</u> 2, and tha	t death occurred at 2	2.3CA.M. from t	he gauses a		late stated above.		
		22a. SIGNATUR	RE b D)		ATTENDING ==	MED. — S	STAFF	22b. DATE	SIGNED		
		Med	Mr. Fre	Nes	M.I). PHYS.		PHYS.	502/	7961.		
		22c. PHYSICIA NAME (T)		/ /	4	22d, ADDRESS	1. 600	, 1	1			
			Frank	LOWI	5	Mollar	as Itla	softa.	ald.			
	23a	. BURIAL, CREM REMOVAL (Spe		TE THEREOF	23c, NAME OF GEMETER	Y OR GREMATORY	23d. LOCAT	ON Gity, tow	vn or county) (State)		
			AULES V	27, 19	967 Line		Fitter	177-				
	24	FUNERAL DIRE	CTOR	17	APORESS	25a. RE	C'D BY REGISTRA	R 2507 REG	GISTRAB'S S			
	-	Hilin	Wha	Key .	Alluguelle	XULL DATEAY	3 1 196	1 you	cartes	Judge		

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

MEDICAL EXAMINER'S CERTIFICATE OF DEATH 07454 PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived if institution Residence before admission) a COUNTY b. COUNTY v Wicomico MARYLAND Wicomico delay hethyte Department C LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate imits write RURA, and give nearest town) b CIY OR TOWN (If cutside corporate I mits. write RURAL and give pearest town Salisbury Salisbury e IS RES DENCE ON A FARM? d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS be certificate, writing the ward "pending" in pencil in Item 18. Give Pages 1, should be farwarded to the Chef Medical Examiner's Office along with farm DOA Peninsula General Hospital Shawnee Ave. YES NO K 3 NAME OF First Middle Lost 4 DATE Month OF DECEASED LILLIAN WHITE 5-20-67 (Type or print) DEATH 5 SEX a bunal-transit permit. File pages land 2 with 6 COLOR OR RACE 7 MARRED AGE (n years NEVER MARRIED last, b rthdoy) Months event within 72 haurs after death. AA W DOWED DIVORCED 1Do USUAL OCCUPATION (Give kind of work done 1Db. KIND OF BUSINESS OR 12 CITIZEN OF WHAT during most of working life, even if retired) COUNTRY 2 INDUSTRY 13 FATHER'S NAME WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO INFORMANT (Yes no, or unknown) (If yes give wor or dotes of service) INTERVAL BETWEEN 1B CAUSE OF DEATH (Enter only one couse per ne for (o), (b), ond (c)) ONSET AND DEATH PART I. DEATH WAS CAUSED BY Pleural effusion. left IMMEDIATE CAUSE (o) This certificate shauld DUE TO In any months Conditions, if ony, which gove Carcinoma of left lung nse to immediate couse (a), DUF TO stoting the underlying couse cremation, ar remayal, and lost pasn ag PART II OTHER'S GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART IIO) PERFORMED? CERT FICATION YES X NO 2Do EXTERNAL CAUSE WAS 20b DESCRIBE HOW NURY OCCURRED (Enter noture of nury in Port 1 or Port 1 of item 18) 3 shauld PRIMARY Or CONTR BUTING files. CAUSE OF DEATH MEDICAL 2De PLACE OF INJURY (Home, form 2D: TME OF INJURY Month, Doy, Year 2Dd INJURY OCC., RRED (City or fown) foctory, street, office bldg , etc.) Hour o.m. Not While FUNERAL DIRECTOR: Page at work ot work 2) I certify that I took charge of the remains described above, held on Autopsy (X) Inspection IX Inquity [X) ond n my opinion deoth resulted tom. Noturol couses Accident | Undetermined monner the funeral director Suicide Homicide CHIEF MEDICAL EXAMINER Health priar ta 22 DATE SIGNED ASSISTANT MEDICAL EXAMINER may be DEPUTY MEDICAL EXAMINER Salisbury, Md. Ave Address (Street, city, fown, or county) NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) 250 REC D BY REGISTRAR 2Sb REGISTRAR'S SIGNATURE VR A15ME (5) Home, 6M 1/67 Funeral Salisbury,



TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

Page 4 may be retained by the haspital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remove caparity papers. Pages T and 2 shauld be filed with the State Dept. of Health prior to burial, cremation, ar remayal, and in any event, within 72 hours after death.

VR A15 (4) 20 M 1/66

MARYLAND STATE DEPARTMENT OF HEALTH

	THE PARTY OF THE P	ID SIMIL D	PI WIX	IIIILLIAI OI	LIFE	111		
Division of STATISTICAL	RESEARCH AND	RECORDS, 30	01 W.	PRESTON ST	REET,	BALTIMORE,	MARYLAND	21201

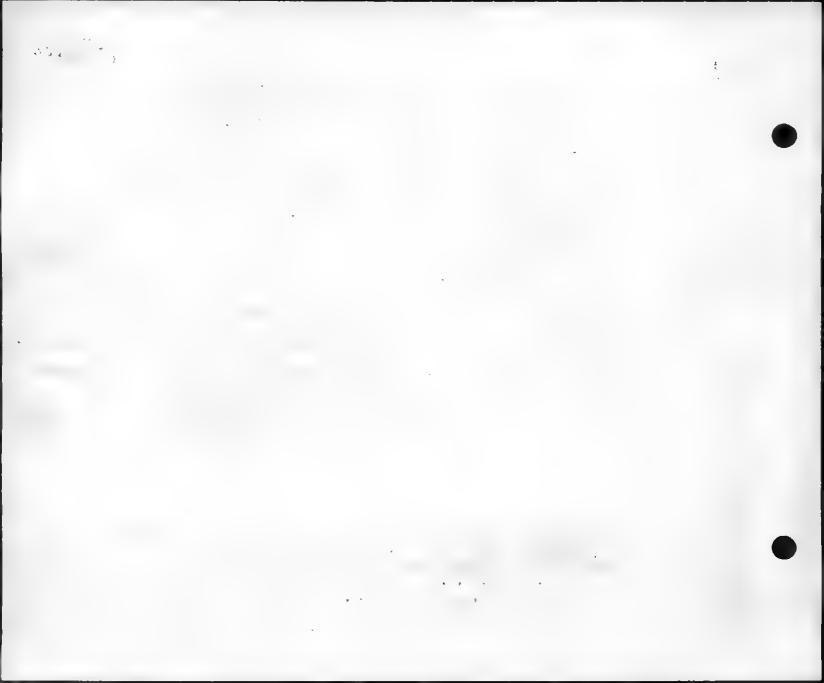
	27455	CERTIFICATE	OF DEATH		07/120
1	PLACE OF DEATH			there deceased wed, if institution	Res dence before admission)
	Wicomico	MARYLAND	o. STATE	b. COUNTY	T.Tomosodom V
	b CITY OR TOWN (if autside corporate limits,	C LENGTH OF STAY IN 16		yland Iside corporate limits, write RURAL o	Worcester
	write RURAL and give nearest town)				ond give nedlest Idwii)
_	Salisbury	574 days		w Hill	
,	d NAME OF HOSPITAL OR INSTITUTION (If not in hospita,	,	d STREET ADDRESS		e IS RESIDENCE ON A FARM?
	Deer's Head State Hosp:		R.F		YES NO X
3	NAME OF First DECEASED	Middle	Last	4. DATE Month	Day Year
L	(Type or print) RERTHA	TOE . W	ILLIAMS	DEATH 5	15 1967
S	SEX 6. COLOR OR RACE 7, MARRIED	NEVER MARRIED 6	DATE OF BIRTH		UNDER 1 YEAR 1F UNDER 24 HRS.
	F C WIDOWED		tor, 12, 19	00 67 thday) Mi	anths Doys Haurs Min
		CIND OF BUSINESS OR NOUSTRY	11 BIRTHPLACE (County)	State, or foreign country)	12 CITIZEN OF WHAT COUNTRY?
Ī	3. FATHER'S NAME		14. MOTHER'S MAIDEN N	AME _ A	UIS/TI
ţ.	Samuel Willia	ims	Mac	gie Fedde	rmon
	S. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no Ac uliknown) (if yes give wor or dates of service)	The second second	NFORMANT	Address	Ibi MI
-	18 CAUSE OF DEATH (Enter only one couse per line fa	8-20-7363 Fr	ank IIIa	KHIN ON	OW HILLIIO.
	PART I DEATH WAS CAUSED BY.	Coronary occlus	ion		ONSET AND DEATH
	STOP DUE TO	Irm antonni va	toriogo] oroi	cic cardiovascul	ar Years
	Conditions, if any, which gave (b)	Ther reusine ar	Certoscrero		
	stoting the underlying cause DUE TO			015	ease
	lost (c)				
	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	TO DEATH BUT NOT RELATED TO T	HE TERMINAL DISEASE CON	DITION GIVEN IN PART 1(a)	19 WAS AUTOPSY
CEPTIFICATION	Cerebral thrombosis; di				PERFORMED? YES K NO
I E	200 ACCIDENT WAS UNDERLYING (1) 20b. D OR CONTRIBUTING (1) CAUSE OF DEATH	ESCRIBE HOW INJURY OCCURRED (Enter nature of injury in P	ort I ar Part II of item 18.)	
					ŧ.
MEDICAL	20c TIME OF INJURY Month, Day, Year 20d I	INJURY OCCURRED 20e PLAC	E OF INJURY (Hame, farm,	20f, (City or town)	(County) (State)
ä	Haur a.m. 19 While		iry, street, office bldg , etc.)		
	21. I certify that (I) (this haspital) after		toher 18 1	965_ to May 15	1067 11-11 (1) () 1
	saw the deceased alive an May 1			1: 10 PM, fram causes and	., 19 <u>67</u> , that (I) (we) last
	220. SIGNATURE	7 17 07, dila iliai	death accorded at		
	1 b le	aldles mo		MED STAFF DIRECTOR PHYS	226 DATE SIGNED 5/15/67
, L	22c PHYSICIAN'S		22d ADDRESS		Md.
	NAME(Type) L. V. Maldve.	M. D.	Deer's He	ead State Hospit	al, Salisbury,
2:	BURIAL, CREMATION, 23b. DATE THEREOF	23c NAME OF CEMETERY OF C	REMATORY,	23d LOCATION (City or Town)	(County) (State)
	Skemoval (Specty) 5-19-67	Mt. Wesle	n Cem	Snow Hill	Ida Mid
	24 MINERAL DIRECTOR	ARDRESS .		BY REGISTRAR 2Sb REGIST	RAR'S S GNATURE
	La List A Land	(Ven Chile	h. Va. DATE MA	1 8 1967 KCL	carles Judge
2	and the market	The diane	n Gri DAIC	1001	0 0

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

97456 MEDICAL EXAMINER'S CERTIFICATE OF DEATH PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, functioning Residence before admission) o COUNTY b COUNTY 2, omd 3 to PM3 Page" 24d2 with the Stote Deportment of Virginia Wicomico Accomac k MARY, AND c City OR TOWN (If autside carparate limits, write RJRAL and give nearest tawn) b CITY OR TOWN (If outside corporate limits, c LENGTH OF STAY IN 1b write RURAL and give nearest town) Atlantic Salisbury e IS RESIDENCE ON A FARM? d NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d STREET ADDRESS Office olong with form Box 181 Peninsula General Hospital YES NO 🔀 Items 18. Give Pages Te executed within 24 hours ofter death 4 DATE 3 NAME OF DECEASED OF. 5-28-67 WILLIAMS HENNIE PLETCHER. (Type ar print) DEATH IF UNDER 1 YEAR 8 DATE OF BIRTH IF UNDER 24 HRS S SEX 6 COLOR OR RACE 9 AGE (In years 7 MARRIED NEVER MARR ED rast airthday) Manths Haurs 9-23-99 Both. WIDOWED X D VORCED 10o USJAL OCCUPATION (Give kind of work done during most of working life even if ret red) 10b K ND OF BUSINESS OR 11 B RTHPLACE (State or fareign cauntry) 12 C TIZEN OF WHAT COUNTRY 7 INDUSTRY the certificate, writing the word "pending" in pencil is 8 should be forwarded to the Cilief Medical Examiner's 13. FATHER'S NAM 14. MOTHER'S MAIDEN NAME 17 INFORMANI (Yes, no, agunknown) (If yes give war or dates at service) 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c), PART I DEATH WAS CAUSED BY Intestinal obstruction IMMEDIATE CAUSE (a) DUE TO Post-op abdominal adhesions Conditions, Lany which gave nse to immediate cause (a). DUE TO stating the underlying cause 0 3 should be used removol, PART I OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(g) 20g. EXTERNAL CAUSE WAS 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18.) PRIMARY CONTRIBUTING C CAUSE OF DEATH MEDICAL 20d INJURY OCCURRED 20e PLACE OF INJURY (Hame form 20f (City or town) (State) 20c TIME OF INJURY Month, Day, Year 1 suplys Hour a.m. factory, street, affice bldg , etc.) may be retained for your FUNERAL DIRECTOR; Page at work 2) I certify that I taok charge of the remains described above, held an Autapsy 🔀 Inquiry X and in my opinian Natural carles X Accident Suicide Undetermined manner Hamitide CHIEF MEDICAL EXAMINER 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER the funerol L. Royer, May 29, 1967 DEPUTY MEDICAL EXAMINER X Heolth , Address (Street city town or county) 109 Camden alisbury. 50 250 REC D BY REGISTRAR 24 FUNERAL DIRECTOR 25b REGISTRARS SI VR A15ME (5) Wharton & Savage, New Church, Va.

6M 1/67



MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

	9	7	4	5	7
-	_				

07432

FOR STATE		97457	MEDICAL	EXAMINER'S	CERTIFICATE O	F DEATH	07432
HEALTH DEPT		PLACE OF DEATH					stution Residence before admission)
Poge Poge		o COUNTY Wicomico		MARYLAND	o STATE Mary	Land b. 00	Wicomico
elay d 3 Pog.		b CITY OR TOWN (f outside corporate limits,	c LEN	GTH OF STAY N 1b			RURAL and g ve neorest town)
PM3.		write RURAL and give nearest town) Salisbury			Salis	sbury	, , ,
6 Pd		d NAME OF HOSPITAL OR INSTITUTION (If not in	nospitol, give stree	et oddress)	d STREET ADDRESS	J	B IS RESIDENCE ON A FARM?
oth If Cry delay ages 1, 2, and 3 ith form PM3. Poil State Department		Peninsula Gener	al Hospi	ital	Route	e 2, Jersey 1	
s offer daath If a last Give Pages 1, category with form the State Details of the State Detai		NAME OF Frst DECEASED (Type or print) HENRY	HOL	Middle LOWAY V	lost VIILLIAMS	4 DATE M	S-31-67 19
The Sold Fee	S	Alba a. b		IEVER MARRIED	8 DATE OF BRIH	9 AGE (In years	FUNDER LYEAR FUNDER 24 HRS
in 18. Gi		3.6	DOWED		September	191918 48	Months Doys Hours Min
	100	USUAL OCCUPATION (Give kind of work done	10b KIND OF B		11 BIRTHPLACE (Stote		12 CITIZEN OF WHAT
		ing most of working life, even if retired)	INDUSTRY		Jamaci	0	COUNTRY?
n 2 ill ir neri neri neri s af	13	FATHER'S NAME			14 MOTHER'S MAIDEN N	IAME	1 VaDaBa
executed within 24 handing" in pencil in the Medicol Examiner's 0 to permit file pages 1 within 72 hours after		Caleb Williams			Mary Wi	lliams	
ad v in polex olex t full	IS	WAS DECEASED EVER IN U.S. ARMED FORCES?	16 SOCIAL S	ECURITY NO 17	INFORMANT		idress
e execata pending" of Medicol isit permit	[16	rs, no, or unknown) (If yes give war or dotes of serv	(10)	Fe	ther Willi	ams Jersey	Rd Salis Md.
mdir Med per		18. CAUSE OF DEATH (Enter only one couse pe	r line for (o), (b),		01101 11222	200	INTERVAL BETWEEN
shauld be exemited no word "pending" is to the Chief Medicol buriol-tronsit permit ony event within Z		PART I DEATH WAS CAUSED BY IMMED ATE CAUSE (0)	Rupture	e of dissec	cting aneury	sm of thorac:	ic aorta ONSE HAND DEATH
shauld the word to the Ch buriol-tro		451X DUE TO					
the word to the Change of the		Conditions, if ony, which gove (b)					
the state of the s		stoting the underlying couse DUF TO					
fing the right to right to os a proand in		last (c)_					
writh write write write wal, wal,	CERTIF CATION	PART II OTHER S GNIFICANT CONDITIONS CONTR	IBUTING TO DEATH	BUT NOT RELATED TO	THE TERMINAL DISEASE CON	DITION GIVEN IN PART I(0)	19 WAS A TOPSY PERFORMED? YES TO NO
tertificate, ould be for es.	0 11	200 EXTERNAL CAUSE WAS	20b DESCRIBE H	OW INJURY OCCURRED	(Enter noture of in ury in F	Part or Part II of Item 18)	
IMER: e certifi should files. 3 should ion, or	CER	PRIMARY () or CONTRIBUTING () CAUSE OF DEATH					
the 4 sh Jr fill e 3 s	MEDICAL	2Dx T ME OF INJURY Month, Doy, Yeor Hour o.m. p.m. 19			ACE OF INJURY (Hume, form tory, street, office bldg., etc.)	, 20f (City or town)	(County) (State)
		21 I certify that I took charge of			eld an Autansy 🔼	Inspection X, In	ngury 🗶, and in my apinio
			uses X A		cide , Hamicide	Undetermined	
MEDIC leose e director stained DIRECT to bur		1 1	A	30.1	CHIEF MEDICAL		
MEDAL please e I director retained DIRECTOR		ACTUAL	~ 2			CAL EXAMINER	22. DATE SIGNED
TY. Property.		EXAMINER'S Earl L. Royer,	DXN.			L EXAMINER	June 2, 1967
E SE PER 2		NAME (Type) 109 Camden Ave	Salis	sbury Md.		. city, fown, or county)	
nece the 5 m 6 Fu Heol	230	BURIA (REMATION 23b DATE THEREOF	23c	NAME OF CEMETERY OR	CREMATORY	23d LOCATION (City or	
		REMOVAL Specty) Burial 6/6/	67 G1	reen acre		Salisbury	Md.
VR A15ME (5)	24	FUNERAL DIRECTOR Clant Ja S	tuvant	(ADDRESS	2So REGI	UNREGISTRAR 1967	REGISTRAR'S SIGNATURE
6M 1/67		Clinton Stewart, Sali	sbury / i	Ad.	DATE	0 .001	

campletely, filled in by papers.

hin 72 hours after

e carban ىق

please remay

physician and

signed by the attending phy

directar, page 3 should be detached far use as the būrial-fransit permit. Then please rema should b≡ filed with the State Dept. af ⊪ealth priar ta burial, crematan, ar rem≡val, and in any

MEDICAL

230

	MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201										
	2745		Trem	CERTIFICA	**	2 C 3 C 1 F. D. D.				743	3
1	PLACE OF DEATH a. COUNTY	comico		MARYLAND		a. STATE		osed lived, if instituti b. COUN	ITV		mico
	b. CITY OR TOWN (write RURAL onc Hebro	f outside corporate mit I give nearest town) N	\$,	c. LENGTH OF STAY IN 16		CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hebron 2.2.1					
1,	d NAME OF HOSPITAL OR INSTRUTION (If not in hospital, give street address) Vicamica Nursing Home					d. STREET ADDRESS BOOM / SAMO LICE ON A FARM? YES NO X					
	NAME OF DECEASED (Type or print)	Lary	rst	Middle C •	Wil	lost Lliams	4. DATE OF DEAT	H May		Doy 7	Year 19 6 7
	sex Female	6 COLOR OR RACE	7. MARRIED WIDOWED	NEVER MARRIED DIVORCED	B	DATE OF BIRTH $1/2/1886$		9 AGE (In years lost birthdoy) Yrs	IF JNDER Months	Doys	Hours Min.
du	ring most of working Domesti	(G.ve kind of work done life, even if retired) C		IND OF BUSINESS OR NDUSTRY 110110		11. BIRTHPLACE (County Mary	land	- ''		TIZEN OF 1 JUNTRY?	WHAT U.S.A.
	. FATHER'S NAME	Unknown				14. MOTHER'S MAIDEN NAME Unknown					
		R IN U.S. ARMED FORCES? (If yes give wor or dotes		Journal of Louisian Pro-		formant llard Wil	liam	Address Hebro		(ary	land
	PART I. DEAT	EATH (Enter only one co ITH WAS CAUSED BY. IMMEDIATE CAUSE	1/1	Mojab) and (c).)	t	Henr	Th	lixia			AND DEATH
	Conditions, if ony,	a couse (a)	(b)								
	stating the under	rlying couse	(c)							110 1	HAS A TOPSY
TIFICATION	Happe	Merision	ante	TO DEATH, BUT NOT RELAYED	en	horosof	Care.	240		YES	MAS A TOPSY PERFORMED? NO
E	200 ACCIDENT WAS		205. D	ESCRIBE HOW INJURY OCCURR	EPDZ (Ei	nter noture of injury in	Port I or P	ort II of item 18)			

200 ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

20c. TIME OF INJURY Month, Day, Year Hour o.m.

21 I certify that (1) (this haspital) saw the deceased aliveran_

While of work attended the deceased

20d INJURY OCCURRED

Not While

20e. PLACE OF INJURY (Home, form, factory, street, office bldg., etc.)

M.D.

and that death accurred at

20f.

(City or town)

(Caunty) (Stote)

M, from captes and an the date stated above. DATE SIGNED

ATTENDING PHYS.	MED. DIRECTOR	STAFF PHYS.	220.	DATES	
001 1000	 	 	 		

22d. ADDRESS

uantico

23d LOCATION (City or Town)

(County)

.. icomico 25b. REGISTRAR'S SIGNATURE

(State)

250 REC'D BY REGISTRAR

VR A15 (4) 20 M 1/66

O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs

Page 4 may be retained by the haspital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been REMOVAL (Specify) **FUNERAL DIRECTOR**

220. SIGNATURE

22c. PHYSICIAN'S NAME (Type)

BURIAL, CREMATION,

67

23b DATE THEREOF

ADDRESS

Quantico Cemetery

23c. NAME OF CEMETERY OR CREMATORY

10 m

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

	07459	THE RECE			OF DEATH	ne, moner artis	0743	4	
	PLACE OF DEATH O. COUNTY Wicomico		MAR'	YLAND	2 USUAL RESIDENCE (W o STATE Mary		d, if institution: I b. COUNTY	Residence before o	dmission)
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) Salisbury	€.	LENGTH OF STAY I	IN 1b	c. CITY OR TOWN (If out		s, write RURAL o		own)
	d. NAME OF HOSPITAL OR INSTITUTION (If not in ho			1	d. STREET ADDRESS				S RESIDENCE ON A FARM?
3.	NAME OF First		Middle	- L	Lost	4 DATE OF	Month	Doy	year
	M W	RRIED OWED	ERNEST NEVER MARRIED DIVORCED			98 68	birthday) Ma yrs	onths Doys	UNDER 24 HRS Hours Min
dur	. USUAL OCCUPATION (Give kind of work done ing most of working life, even if retired) FATHER'S NAME	Agr	of Business or Try icultur	re	11.BIRTHPLACE (County 8 Kent Co. 14. MOTHER'S MAIDEN N Willi	Maryl AME		COUNTRY?	/HAT
15. (Ye	Harry Wil WAS DECEASED EVER IN U.S. ARMED FORCES? as, no, or unknown) (II yes give wor or dotes of service) NO ———	16. SOCI	AL SECURITY NO. -36-171		NFORMANT Obert Vill		Address		d.
	IB. CAUSE OF DEATH (Enter only one couse per PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)			te wi	th widesprea	ad metast	tases	QUSFT	AL BETWEEN AND DEATH YEARS
CATION	PART II OTHER SIGNIFICANT CONDITIONS CONTRIB						. ,	19 W PE YES	AS AUTOPSY REORMED?
MEDICAL CERTIFICATION	200. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	20b. DESCRI	BE HOW INJURY O	CCURRED. (Enter noture of injury in P	Port I or Part II of i	tem 18.)		
MEDICA	20c TIME OF INJURY Month, Day, Year Hour o.m. p.m. 19	While of work		focto	F OF INJURY (Home, form, ory, street, office bldg., etc.)		ar fown)	(County)	(Stote)
	21. I certify that (i) (this haspital) saw the deceased alive an May	attended 28	the deceased 19 <u>67</u> ,	fram_± and that	death accurred at	9 67 , ta <u>Ma</u> 2: 20 P M, fren	n causes and		(I) (we) last stated above.
	220 SIGNATURE 22C PHYSICIAN'S NAME (Type) A. C. Mitche	hel 11, M.	4. D.	M.D	ATTENDING PHYS. 22d ADDRESS Deer's H	DIRECTOR L	PHYS 🖼	5/29/67	Md.
231	BURIAL, CREMATION, PENDUAL SECTION 23b. DATE THEREOF 5-31-67		3c. NAME OF CEMI Still I			23d LOCATION Still	(City or Town) Pond	(County) Kent	(Stote)
24	FUNERAL DIRECTOR	/ _	ADDRESS	Pond		BY REGISTRAR		RAR S SIGNATURE	dge

Still Pond, Md.

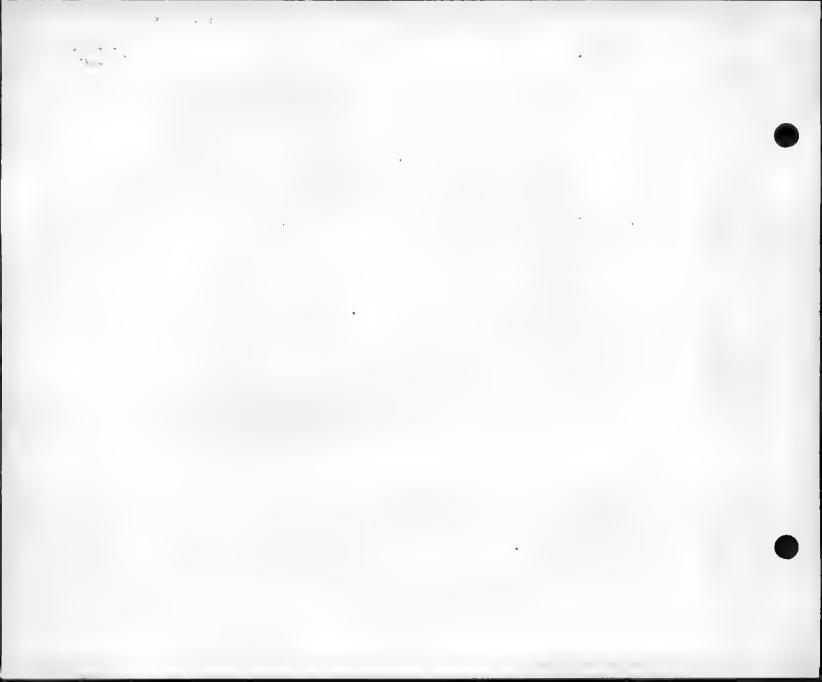
1967

O HOSPITAL OF ATTENDING PHYTICIAN: The law requires that the death certificate be executed within 24 hours after death orban papers. Pages 1. completely filled in by e gud TO FUNERAL DIRECTOR: After this certificate hos been signed by the ottending physicion director, page 3 should be detoched for use as the burial-transit permit. Then please should be filed with the State Dept. of Health priar to burial, crematian, or removal, and Page 4 may be retained by the hospital or attending physician.

VR A15 (4) 25M 1/67

MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

./ > .		37450	CERTIFICATI	E OF DEATH	07/125
The second secon		PLACE OF DEATH a. COUNTY Wicomico	MARYLAND	2 USUAL RESIDENCE (Where deceosed lived, if institution of STATE Maryland b. COUNT	
by theur By theur By Pages Hours afte		b CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) Salisbilmy	c LENGTH OF STAY IN 16	c (ITY OR TOWN (If outside corporate limits, write RUR/	Al and give nearest town)
within 24 haurs after a tery filled in by the fun- thon popers. Pages I, within 72 hours after a		d. NAME OF HOSPITAL OR INSTITUTION (If not	in haspitol, give street oddress) General Hospital	d. STREET ADDRESS 141 Second St.	e 15 RESIDENCE ON A FARM? YES NO X
od within plants of the control of t		NAME OF First DECEASED (Type or print) NOTVOL	Middle W/	NDER DEATH PAGE (In years)	Doy Year 27 1967 IF UNDER 1 YEAR THE UNDER 24 HRS
executed withing and completely fremove carbon any event, with	Ĺ	SEX 6 COLOR OR RACE MALE NEGRO USUAL OCCUPATION G ve kind of work done	7. MARRIED NEVER MARRIED NIVORCED NIVOR	May 15 1915 52 yrs. TIT SIRTHPLACE (County & 1e, or foreign country)	Manths Doys Haurs Min
rtificate be executed with physician and completely en please remove carbon aval, and in any event, wij	dur	ing most of working life, even if retired) LEDOPER FATHER S NAME	NONe None	Maryland -	COUNTRY? U.S.A.
eath ce ending mit. Th or rem	(Y)	Resse Winder WAS DECEASED EYER IN U.S. ARMED FORCES? es, na, or unknown) (If yes give war ar dates of: Yes W. War II	service)	Sarah Wilson INFORMANT 2566 Nay 18 irlay Jones Washingto	ör Rd.
that the d on. by the att ronsit pen cremation,		18. CAUSE OF DEATH (Enter only one couse PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o	per line for (a), (b), and (c).)	Thracie ante aneurgos	INTERVAL RETWEEN
equires physici signed burial-1 burial-1		Conditions, if any, which gove rise to immediate couse (a), stating the underlying cause	Cardene a.	nex	
r The low randong a hos been use os the olth prior to	NOIL	lost.		THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0)	19 WAS AUTOPSY PERFORMED? YES HO
IAN: tal o ficot for for for	CERTIFICATION	200 ACC DENT WAS UNDERLYING OR CONTRIBUTING (IF EITHER, NOTIFY MEDICAL EXAMINER)	20b. DESCRIBE HOW INJURY OCCURRED.	(Enter nature of injury in Part I or Part II of Item 18.)	
NING PHYSIC by the hospit fer this certi be detached Stote Dept. of	MED.CAL	20k TIME OF INJURY Month, Doy, Year Haur a.m. p.m. 19	While Not While of work of work	ACE OF INJURY (Home, form, clory, street, office bldg., etc.)	(County) (Stote)
		saw the deceased olive on	ital) attended the deceased fram	ot death accurred at 3 M, from rouses of	nd an the date stated above
4 P O N E		22c. SIGNATURE 22c. PHYSICIAN S NAME (Type)	Herfres N	A.D. ATTENDING MED. STAFF PHYS. DIRECTOR PHYS. 22d. ADDRESS	5/25/67
TO HOSPITAL OR Page 4 may be rr O FUNERAL DIRE director, page 3 should be filed w	230	D. BURIAL, CREMATION, 23b. DATE THER REMOVAL (Specify)		A 3 1	vn) (County) (State)
VR A15 (4)	2/ {/	FUNERAL DIRECTOR	ADDRESS Salin - 2	2So. REC'D BY REGISTRAR 2Sb REC	GISTRAR S SIGNATURE



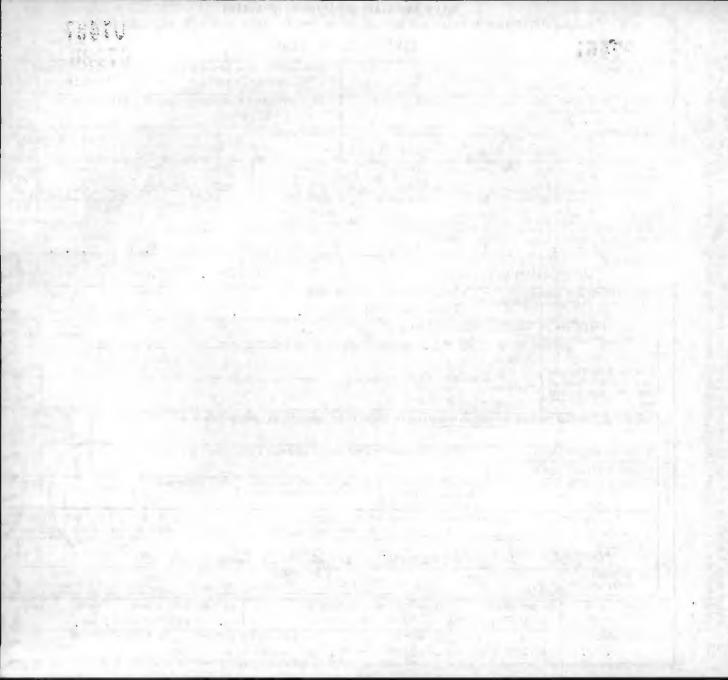
MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

37	461	CEI	RTIFICATE	OF DEATH	4000	07/12	2
PLACE OF DEA O. COUNTY	rH Wicomico		MARYLAND		there deceased lived, if institution in the line of th		
b. CITY OR TOV write RURAL	N (If outside corporate limits, and give negrest town) SELISBURY	c, LENGTH OF	STAY IN 16		tside corporote fimits, write R . sbury	URAL and give near	est town)
d. NAME OF HO	spital or institution (if not Peninsula (d. STREET ADDRESS Came	len Avenue		e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	Withiam	, Carl	u	1215ht	OF DEATH Ma		0 1967
male	WhitE	7. MARRIED NEVER M WIDOWED DI	is and relieves	December 9,	V	Months Doys	Hours Min.
during most of wor	110N (Give kind of work done king life, even if retired) Laborer	10b. KIND OF BUSINESS INDUSTRY Seafood	OR		& Stote, or foreign country) er County, Md	12. CITIZEN COUNTRY	
13. FATHER'S NAM	John Albert			14. MOTHER'S MAIDEN N	llie A. Quill	en	
Yes, no, or unknow	EVER IN U.S. ARMED FORCES? vn) (If yes give war or dates of	service) 16. SOCIAL SECURITY 222-09-1		NFORMANT rry F. Wrigh	Address, Federalsh	dress ourg, Mar	yland
rise to imme stating the u lost.	ony, which gove diote couse (a), nderlying couse (b), R SIGNIFICANT CONDITIONS CO	gland	IOT RELATED TO T	HE TERMINAL DISEASE CON	IDITION GIVEN IN PART 1(o)	1	P. WAS AUTOPSY PERFORMED?
OR CONTRIBU	WAS UNDERLYING ☐ TING ☐ CAUSE OF DEATH TIFY MEDICAL EXAMINER)	205. DESCRIBE HOW INJ	JURY OCCURRED.	Enter noture of injury in I	Port I or Port II of item 18.)		YES NO
\$ 20c. TIME OF	INJURY Month, Day, Yeor o.m.	20d. INJURY OCCURRED While Not While	focti	E OF INJURY (Home, form ory, street, office bldg., etc.)	, 20f. (City or town)	(County)	(Stote)
	ertify that (I) (this hasp e deceased alive an	ital) attended the dece	ased fram , and that	5- /6 , 1 death accurred at	9_67, ta5/ 2.26 AM, fram cause	s and an the d	that (I) (we) las ate stated abave
220. SIGNAL	Tall 7	Marsa	Q M.I		MED. STAFF DIRECTOR PHYS.	22b. DATE SI	20- 67
22c. PHYSICI NAME (AN'S (YPE) NABIL	F. CUA	arsa L	- Peni	nsula G	len. 19	Jup.
230. BURIAL, CREM REMOVAL (Sp Buri	ecify) May 24	4, 1967 Zi	on Cemet	tery	Nr. William		
24. FUNERAL DIR J	A DO DIE A MICE	and Son, Fede		111	51 4 (0.07	Hegistran's Signal	

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after Page 4 may be retained by the hospital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the training the continuation.

VR 20



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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

07437

07462

CERTIFICATE OF DEATH

V	0 3 () 10									
1. PLACE OF DEATH						2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. STATE b. COUNTY				
a. COUNTY Wicomico			MARYLA	ND	o. STATE Mary	orchester				
b. CITY OR TOWN (If autside carparate limits, c. LENGTH DF STAY IN 16					c. CITY DR TOWN (If autside carparate limits, write RURAL and give nearest tawn)					
	write RURAL and give nearest town) Salisbury 6 days					Cambridge 093				
-	d. NAME DF HDSPITAL DR INSTITUTION (If nat in haspital, give street address)					d. STREET ADDRESS	e IS RESIDENCE ON A FARM?			
Deer's Head State Hospital					RFD #2 YES □ NO					
3. NAME OF First Middle						Last	4. DATE OF	Manth	Day Year	
			TAYLOR		RIGHTSON	DEATH	5	29 19 67		
S	SEX 6	. COLOR OR RACE 7.	MARRIED	NEVER MARRIED	8	DATE OF BIRTH	9. AGE (In		1 YEAR IF UNDER 24 HRS. Days Hours Min.	
	F W WIDOWED DIVORCED 12/4/193 173 yrs.									
10o. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired). / INDUSTRY						11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?				
DID NOT WORKING III-, even it refired					Caroline Co. , Md. U.S.					
13.	13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME									
Marion R. Taylor Annie H. Sweeney										
1S.	WAS DECEASED EVER I	N U.S. ARMED FORCES?	16. S	SOCIAL SECURITY NO.		LFORMANT		Address		
(Yes, n No unknown) (If yes give war or dates at service)					r. J. A. Wrightson R.D. #2 Camb.					
		H (Enter anly one cause p							INTERVAL BETWEEN	
H	PARI I. DEATH	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Bronchopneumonia, right lung ONSET AND DEATH								
	471 X	DUE TD								
	Conditions, if ony, w	ousa (o)								
	stating the underly									
	last.	(c)_								
NC		IFICANT CONDITIONS CONTE			ED TO TH	HE TERMINAL DISEASE CON	IDITION GIVEN IN PAR	T I(a)	19. WAS AUTOPSY PERFORMED?	
CATIC	Recurrer	nt cerebral							YES NO	
MEDICAL CERTIFICATION	206. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 206. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.)									
DICAL		20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State)								
ME	ngur a.m. p.m.	Haur a.m. While Not While of work of work foctory, street, affice bldg., etc.)								
	21 I certify that (I) (this hospital) attended the deceased from May 23 1967, to May 29 1967, that (I) (we) lost									
	saw the deceased alive in. May 29 1967, and that death occurred at 1515 AM, from causes and on the date stated above.									
	220. SIGNATURE 22b. DATE SIGNED									
	V.V. M.D. PHYS. L. DIRECTOR L. PHYS. X. 5/29/67									
	22c. PHYSICIAN'S NAME (Type) L. V. Maldve, M. D. 22d. ADDRESS Deer's Head State Hospital, Salisbury.									
000	1 1 1				DV DD C					
230. BURIAL (REMATION, Park 23b. DATE THEREOF 23c. NAME OF CEMETERY DR CREMATDRY 23d. LOCATION (City or Town) (County) (Stote) Buryal (Specify) 6/1/67 Dorchester Mem. Park Cambridge Md.										
Buryai 6/1/67 Dorchester Mem. Park Cambridge Md. 24. FUNKRAL DIRECTOR 250. REGISTRAR 250. REGISTRAR 250. REGISTRAR 250. REGISTRAR 250. REGISTRAR 250.										
Kennet Junes & Cambridge Md. MN 5 1967 Curles Judge										
,	1 Column Total	1.11 errors L	. 08	THE LICES !	TIU.	DAIL		//	// /	

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and ampletely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please corbon papers. Rages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. Page 4 may be retained by the hospitol or ottending physician.

O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

20100 2 5 C 3W 7 artin the second of the second part t . 4 AND THE PERSON NAMED IN COLUMN TWO IS NOT THE OWNER. . St. Micheller Co.